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ANNUAL REPORT

2024/25



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





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NATIONAL DEPARTMENT OF HEALTH

Annual Report

2024 / 2025

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TABLE OF CONTENT**4****PART A: GENERAL INFORMATION****6**

1.1 Department's General Information	7
1.2 List of Abbreviations and Acronyms	8
1.3 Foreword by the Minister	11
1.4 Statement by the Deputy Minister	13
1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa	14
1.6 Statement of Responsibility and Confirmation of the Accuracy of the Annual Report	20
1.7 Strategic Overview	21
1.8 Legislative and Other Mandates	21
1.9 Organisational Structure	22
1.10 Entities Reporting to the Minister	23

PART B: PERFORMANCE INFORMATION**24**

2.1 Auditor-General Report: Pre-determined Objectives	25
2.2 Overview of Departmental Performance	25
2.3 Strategic Outcome Oriented Goals	27
2.4 Programme Performance Information	28
2.4.1 Programme 1: Administration	28
2.4.2 Programme 2: National Health Insurance	32
2.4.3 Programme 3: Communicable and Non-Communicable Diseases	36
2.4.4 Programme 4: Primary Health Care Services	43
2.4.5 Programme 5: Hospital Systems	46
2.4.6 Programme 6: Health System Governance and Human Resources	49
2.5 Transfer Payments	53
2.6 Conditional Grants	60
2.7 Donor Funds	69
2.8 Capital Investment	70

PART C: GOVERNANCE**71**

3.1 Introduction	72
3.2 Risk Management	72
3.3 Fraud and Corruption	72
3.4 Minimising Conflict of Interest	72
3.5 Code of Conduct	72
3.6 Health Safety and Environmental Issues	72
3.7 Portfolio Committees	73
3.8 Standing Committee on Public Accounts (SCOPA) Resolutions	80
3.9 Prior modifications to audit reports	81
3.10 Internal audit Unit	81
3.11 Audit and Risk Audit Committee Report	81
3.12 B-BBEE Compliance Performance Information	84

PART D: HUMAN RESOURCE MANAGEMENT**85**

4.1 Introduction	86
4.2 Human Resources Oversight Statistics	88
4.3 Employment and Vacancies	90
4.4 Filling of SMS Posts	92
4.5 Job Evaluation	93
4.6 Employment Changes	94
4.7 Employment Equity	98
4.8 Signing of Performance Agreements by SMS Members	100
4.9 Performance Rewards	100
4.10 Foreign Workers	103
4.11 Leave Utilisation	103
4.12 HIV&AIDS and Health Promotion Programmes	104

4.13 Labour Relations	106
4.14 Skills development	107
4.15 Injury on Duty	108
4.16 Utilisation of Consultants	108
4.17 Severance Packages	108

PART E: PFMA COMPLIANCE REPORT

109

5.1 Information on Irregular, Fruitless and Wasteful, Unauthorised Expenditure and Material Losses	110
5.2 Information on late and/or non-payment of suppliers	112
5.3 Information on Supply Chain Management	113
5.4 Contract variations and expansions	113

PART F: FINANCIAL INFORMATION

114

Report of the Auditor-General to Parliament on Vote No. 18: National Department of Health	115
Appropriation Statement	121
Notes to the Appropriation Statement	136
Statement of Financial Performance	138
Statement of Financial Position	139
Statement of Changes in Net Assets	140
Cash Flow Statement	141
Accounting Policies	142
Notes to the Annual Financial Statements	143
Annexures	169



GENERAL INFORMATION

PART A

1.1 Department's General Information

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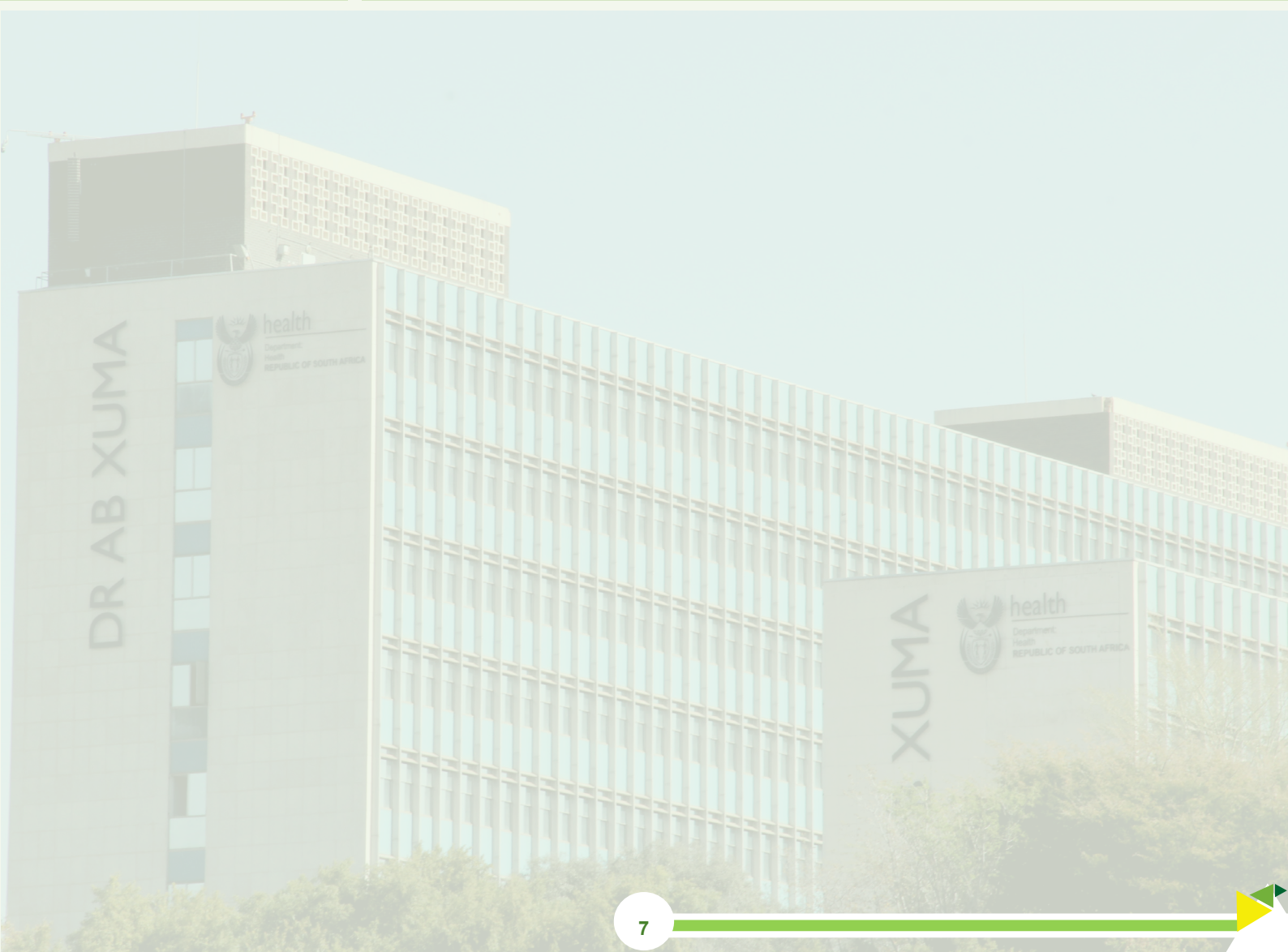
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1.2 List of abbreviations and acronyms

ABIS	Automated Biometric Identification System
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ACR	Annual Compliance Report
ARECs	Animal Research Ethics Committees
APP	Annual Performance Plan
ART	Antiretroviral Treatment
ASD	Assistant Directors
ARC	Audit and Risk Committee
BBBEE	Broad-Based Black Economic Empowerment
BMA	Border Management Authority
BFI	Budget Facility for Infrastructure
CCMDD	Central Chronic Medicines Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CDA	Central Drug Authority
CDC	Communicable Diseases Control
CHA	Clinton Health Access Initiative
CHW	Community Health Worker
CMS	Council for Medical Schemes
COE	Compensation of Employment
COVID-19	Coronavirus Disease 2019
CPA	Community Pharmacy Association
CSC	Complaints, Suggestions and Compliments
CSE	Comprehensive Sexuality Education
CUP	Contracting Units for Primary Health Care
DHMIS	District Health Management Information System
DHP	Digital Health Promotion
DMoC	Differentiated model of care
DMPA-SC	Sub-cutaneous Depot Medroxyprogesterone Acetate
DSP	Direct service provider
EBS	Event-based Surveillance
EMP	Environmental Management Plan
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
FCL	Forensic Chemistry Laboratory
GBVF	Gender-based Violence and Femicide
GNU	Government of National Unity
GTFCC	Global Task Force on Cholera Control
HbA1c	Haemoglobin A1C
HFMD	Hand, foot and mouth disease
HFRG	Health Facility Revitalisation Grant
HIC	Health Information Centre
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
HPV	Human Papillomavirus
HRH	Human Resources for Health
HRIS	Human Resources Information System
HRTG	Human Resources Training Grant
HSACF	Health Sector Anti-corruption Forum

HTA	Health Technology Assessment
HVAC	heating, ventilation, and air conditioning
HWCAF	Health Worker Consultative Advisory Forum
IAA	Internal Audit Activity
ICSP	Internship and Community Service Programme
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IPC	Infection Prevention and Control
ITHPCSA	Interim Traditional Health Practitioners Council of South Africa
JEE	Joint External Evaluation
LFA	Local Funding Agent
LCBOs	Low-cost benefit options
MACs	Ministerial Advisory Committees
MBOD	Medical Bureau for Occupational Diseases
MHFL	Master Health Facility List
MTDP	Medium-Term Development Plan
MTEF	Medium-Term Expenditure Framework
MTSF	Medium-Term Strategic Framework
MVP	Minimum Viable Product
MWCF	Mines Works and Compensation Fund
NOSA	National Occupational Safety Association
NaPeMMCo	National Perinatal Morbidity and Mortality Committee
NATJOINTS	National Joint Operational and Intelligence Structure
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NCDs	Non-Communicable Diseases
NDoH	National Department of Health
NDP	National Development Plan
NHA	National Health Accounts
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHQIP	National Health Quality Improvement Plan
NHRC	National Health Research Committee
NHREC	National Health Research Council
NICD	National Institute for Communicable Diseases
NICE	National Institute for Health and Care Excellence
NIDS	National Indicator Data Set
NIOH	National Institute for Occupational Health
NMC	Notifiable Medical Conditions
NMDP	National Drug Master Plan
NMFC	Nelson Mandela Fidel Castro
NQPS	National Quality Policy and Strategy
NSP	National Strategic Plan
NUPAATHPSA	National Unitary Professional Association for African Traditional Health Practitioners of South Africa
ODMWA	Occupational Diseases in Mines and Works Act
OHS	Occupational Health and Safety
OHTA	Occupational Hygiene Training Association
OTL	Outreach Team Leaders
OSD	Occupation Specific Dispensation
PDP	Performance Development Plans
PEC	Patient Experience of Care

PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PFMA	Public Finance Management Act
PHC	Primary Health Care
PoE	Points of Entry
PMB	Prescribed Minimum Benefit
PPTICRM	Permanent Team for Ideal Clinic Realisation and Maintenance.
Project ECHO	Project Extension for Community Healthcare Outcomes
PSI	Patient Safety Incident
PSR	Public Service Regulations
QLC	Quality learning centre
RCCE	Risk Communication and Community Engagement
SAC	Severity Assessment Code
SADTC	South African Dental Technicians Council
SAHPRA	South African Health Products Regulatory Authority
SAIEH	South African Institute of Environmental Health
SALGA	South African Local Government Association
SAMHS	South African Military Health Services
SAMRC	South African Medical Research Council
SANAC	South African National AIDS Council
SANAS	South African National Accreditation System
SANC	South African Nursing Council
SAPC	South African Pharmacy Council
SASSA	South African Social Security Agency
SDG	Sustainable Development Goal
SEIAS	Socio Economic Impact Assessment System
SEP	Single Exit Price
SEPA	Single Exit Price Adjustment
SMS	Senior Management Service
SMS	Short messaging system
STI	Sexually Transmitted Infection
TAG	Tobacco, Alcohol, and Gambling Advisory, Advocacy and Action Group
TB	Tuberculosis
Td	Tetanus diphtheria
TdaP	Tetanus diphtheria Pertussis
Tech NHC	Technical Advisory Committee of the National Health Council
THP	Traditional Health Practitioner
TOP	Termination of Pregnancy
UNICEF	United Nations Children's Fund
WBPHCOT	Ward-based Primary Health Care Outreach Team
WHO	World Health Organization

Foreword by the Minister



Dr A Motsoaledi, MP
Minister of Health

I am pleased to present the annual report of the Department of Health for the period 2024/25 financial year, which marks the transition between the sixth and seventh administrations of the South African government, following the 29 May 2024 general elections.

During this period, the Department finalised the Medium-Term Development Plan (MTDP) 2024-2029. The MTDP is the five-year programme of action of government and provides clear strategic priorities for the 7th Administration to deliver on the aspirations of the National Development Plan (NDP) as well as the United Nations Sustainable Development Goals (SDG).

In addition, our sustained collaboration with key stakeholders within and outside the health sector contributed to the implementation of interventions of the Presidential Health Compact, which was initiated to improve the country's healthcare system through various thematic pillars. In August 2024, the Deputy President Paul Mashatile has, in his capacity as Acting President of the Republic, signed the second Presidential Health Compact, for the period 2024-2029.

South Africa took over the G20 Presidency on 1 December 2024, marking a historic milestone as the first African country to lead this influential group. Under the health theme: "Accelerate Health Equity, Solidarity, and Universal Access", South Africa's G20 Health Working Group (HWG) has focused on five priorities which include: Accelerating Universal Health Coverage through a primary health care approach; Strengthening human resources for health; Stemming the tide of Non-Communicable Diseases (NCDs); Pandemic Prevention Preparedness and Response (PPPR), as well as Science and innovation for health and economic growth.

The significance of these priorities cannot be overstated because they address very critical global health challenges of our lifetime and meant to assist countries to improve health outcomes and build more resilient and equitable health systems.

The Department's collaboration with various stakeholders remains crucial in the sector for enhancing the service delivery, strengthening health systems and improving overall health outcomes. This became evident during the country's response to the outbreak of diseases like Mpox, which was declared both a Public Health Emergency of International Concern by the World Health Organization

and a Public Health Emergency of Continental Security by the Africa Centres of Disease Control and Prevention.

We acknowledge the critical role played by several entities like the National Institute for Communicable Diseases through surveillance system and blow-by-blow update with relevant and current information concerning the outbreak. The Border Management Authority conducted the screening of international travellers and inspection of international high-risk conveyances. The World Health Organization facilitated rapid access to scarce treatment, Tecovirimat (TPOXX) which is used to treat severe cases and those at high risk for severe illness. Mpox was successfully managed through pandemic prevention, preparedness and response plan developed as part of preventative measures to manage future pandemic post COVID-19.

The Department has placed emphasis to expand and maintain public health infrastructure as an important strategy to improve healthcare delivery across the country. I am pleased to report that new health facilities were completed during the 2024/25 financial year. These are Siphethu Hospital in the Eastern Cape, Ladysmith Clinic in KwaZulu-Natal, Heuningvlei Clinic, Boegoeberg Clinic and Bankhara Bodulong Clinic - all in the Northern Cape. Additionally, 47 existing clinics and community health centres, as well as 45 hospitals were revitalised, while 403 public health facilities were maintained, repaired or refurbished.

The implementation of the National Health Insurance (NHI) Act, one of the major legislative reforms since the dawn of democracy, allows for transforming our healthcare system towards Universal Health Coverage.

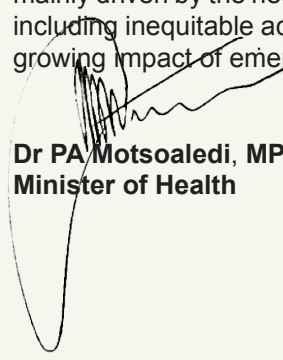
We have undertaken preparatory work for the phased implementation of the NHI. Work is underway to establish two NHI Ministerial Advisory Committees, to guide work on Health Care Benefits and Health Technology Assessment. A Draft accreditation framework for health service providers was produced and the capitation model for primary health care has been consulted with a range of public and private stakeholders. Progress has been made with a draft contract for PHC providers to be reimbursed through capitation in Contracting Units. We have developed the first phase of a single electronic health record, a Primary Health Care Electronic Medical Record focusing on TB and HIV. The system has already been tested in Dihlabeng in the Free State.

There has been a significant improvement in health outcomes of the South African population over the years, partly attributed to various health service interventions such as the continued expansion of the government antiretroviral programme. The country has made strides in the fight against HIV/AIDS and TB. To date, 96% of people living with HIV know their status, while 79% of those are on anti-retroviral treatment (ART); and 94% of the estimated proportion of patients on ART are virally suppressed.

For the country to get 95% of all people living with HIV on ARVs, we have to reach 1,1 million people who are known to be HIV positive but are not on treatment. It is for this reason that, on 25 February 2025 we officially launched a national campaign known as “#CloseTheGap campaign” with the theme: “Start and Stay on HIV Treatment”, to look for these people to put them on life-saving treatment by the end of December 2025.

As part of our ongoing efforts and interventions to reduce TB incidence and mortality in line with the “End TB Strategy”, a global initiative adopted by the World Health Organization to end the global TB epidemic by the year 2035, the Department also launched the End TB campaign, which aims to test five million people by the end of March 2026 and annually thereafter. This will, in turn, result in a 29 per cent reduction in TB incidence and a 41 per cent reduction in TB mortality by 2035.

We remain committed to the transformation of the health sector, in order to improve access, quality and equity in healthcare, despite severe criticism and a plethora of legal threats meant to distract us. Our transformative agenda is mainly driven by the need to address persistent challenges including inequitable access, systematic inefficiencies and growing impact of emerging health crises.



Dr PA Motsoaledi, MP
Minister of Health

Statement by the Deputy Minister



Dr MJ Phaahla, MP
Deputy Minister of Health

The Department of Health continued to make strides in addressing the improvement of health status of South Africans in the financial year 2024/25. Having emerged successfully from the challenge of the COVID-19 pandemic, the Department was able to refocus on making sure that we address the quadruple burden of diseases and make sure that South Africans live healthier and longer.

While we regained lost ground due to COVID-19 in the fight against HIV and AIDS, TB and sexually transmitted diseases, we have not yet conquered them and there is still a lot of ground before 2030, when we should have reached ending them as public health threats.

In the meantime we see simultaneous rise in Non-Communicable Diseases (NCDs) such as hypertension and cardiovascular diseases, kidney diseases including kidney failure, diabetes mellitus, chronic lung diseases, various cancers affecting both men and women and also mental illnesses. With HIV becoming more of a chronic manageable disease, we are now seeing more people who live longer and end up with NCDs as well as to be treated.

The National Department of Health has adopted the National Strategy for control of Non-Communicable Diseases 2022-2027. Following the launch of this strategy we are now rolling out the NCDs Campaign with our provincial counterparts. This campaign aims to strengthen each district's community-based response as part of integrated health service provision. Because we know that the mainstay of prevention of NCDs in a healthy lifestyle, we have partnered with a number of community-based organisations to promote healthy living, which includes no smoking, healthy diet, physical exercise and no alcohol

or minimum consumption. We are pleased that the 2025 United Nations General Assembly will again host a High Level meeting of Heads of States focussing on NCDs.

A more urgent and growing challenge for our country and other nations is the explosion of various forms of cancers with rising morbidity and mortality and therefore, high demand for services. In women, the highest incidence is that of breast cancer followed by cervical cancer. Again the mainstay of managing cancer is prevention, early detection and access to treatment. 2024/25 saw us expanding vaccination against cervical cancer while also expanding human papillomavirus screening

Expansion of services for mental health also received a significant focus of our department in the last financial year. There is significant pressure on our services due to growing substance abuse among young people. We have therefore, taken steps to expand services especially at primary health care level but also to increase mental health hospital beds.

As we get closer to 2030, where we have made commitments under the National Development Plan and also United Nations resolutions, we need to accelerate access to quality health services and the realisation of Universal Health Coverage.



Dr MJ Phaahla, MP
Deputy Minister of Health

1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa



Dr SSS Buthelezi
Director-General of Health

1. Overview of the operations of the Department

1.1 Strategic issues facing the Department

- (a) The strategic objectives of the National Department of Health (NDoH) for the period 2019-2024, were anchored through implementation of the Medium-Term Strategic Framework (MTSF) and the Presidential Health Compact. The two overarching priorities for the health sector for the period 2019-2024 are (i) Universal Health Coverage for all South Africans to be progressively achieved through the creation of an enabling legal framework for the implementation of National Health Insurance (NHI) namely, the NHI Bill; and (ii) progressive improvement in the total life expectancy of South Africans through prevention and effective management of communicable and non-communicable diseases.
- (b) The NDoH continued to implement various interventions towards achieving the following targets of the National Development Plan:
 - a life expectancy rate of at least 70 years for men and women;
 - a generation of under-20s largely free of HIV;
 - a reduced quadruple burden of disease;
 - an infant mortality rate of fewer than 20 deaths per 1 000 live births, and an under-five mortality rate of fewer than 30 deaths per 1 000 live births;
 - a significant shift in equity, efficiency, effectiveness, and quality of healthcare provision; and
 - universal health coverage, and significant reduction in the risks posed by the social determinants of disease and adverse ecological factors.
- (c) Additionally, in collaboration with key stakeholders, the NDoH also implemented interventions of the Presidential Health Compact, which comprise the following thematic pillars:
 - Pillar 1: Augment National Human Resources for Health (HRH) Strategy and Plan;
 - Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply-chain equipment and machinery;
 - Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities;
 - Pillar 4: Engage the private sector in improving the access, coverage and quality of health services;
 - Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on Primary Health Care;
 - Pillar 6: Improve the efficiency of public sector financial management systems and processes;
 - Pillar 7: Strengthen governance and leadership to improve oversight, accountability and health system performance at all levels
 - Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care; and
 - Pillar 9: Develop an information system that will guide the health system policies, strategies and investments.
- (d) The Department continues to respond to various priority challenges, including: i) a complex, quadruple burden of diseases, which consists of communicable diseases such as HIV and AIDS and TB, as well as a rise in non-communicable diseases; ii) the associated mortality is compounded by a high maternal mortality ratio, high child mortality rates as well as high rates of violence, injuries and trauma; iii) serious concerns about the quality of public health care; iv) an ineffective and inefficient health system; and v) spiralling private healthcare costs.
- (e) There has been a significant improvement in the health outcomes of the South African population over the years, partly attributed to various health service interventions such as the continued expansion of the government antiretroviral therapy programme. Life expectancy is on an upward trajectory and over time, there has been progressive and sustained reduction in maternal and child mortality. With accelerated efforts, it is feasible for South Africa to improve life expectancy to 70 years and to reduce maternal deaths to fewer than 70 per 100 000 live births, by 2030. We must also do more to position the country for reducing the under-five mortality rate to fewer than 25 deaths per 1 000 live births by 2030.

The following table reflects the state of life expectancy at birth, maternal and child mortality in South Africa to date.

Indicator	Baseline 2024	2029 Targets	Recent Figures	Data Source
Life expectancy at birth: Total	65.6 years in 2020	70 years by 2029	66.5 years	Mid-year population estimates 2024. Statistics South Africa
Under-5 Mortality Rate (U5MR)	30.5 per 1 000 live births in 2023	25 per 1 000 live births by 2029	28.6 deaths per 1 000 live births	Mid-year population estimates 2024. Statistics South Africa
Maternal Mortality Ratio	134 per 100 000 live births in 2016	70 per 100 000 live births by 2029	109 deaths per 100 000 live births in 2020	Rapid Mortality Surveillance Report 2019 & 2020. South African Medical Research Council
Institutional Maternal Mortality Ratio (iMMR)	126.1 deaths per 100 000 live births in 2020	70 per 100 000 live births by 2029	105.5 deaths per 100 000 live births for the period April 2024 - March 2025	District Health Information System: May 2025. National Department of Health

1.2 Significant events that have taken place during the year

- (a) During May 2024, South Africa made a transition to the seventh administration of government, which led to the introduction of the Medium-Term Development Plan (MTDP) 2024-2029. The MTDP is an implementation plan and a monitoring framework for the National Development Plan 2030 and the Sustainable Development Goals, outlining the priorities to be pursued by the health sector. In order to align with these priorities, the NDoH convened a series of engagements for National, Provincial and District Managers, to review and secure consensus on the health sector indicators and the targets for the 2024-2029 period. These engagements culminated in the development of a five-year Strategic Plan (2025-2030) and an Annual Performance Plan (2025/26), which will be used as vehicles to monitor and report progress on the various interventions, geared towards attainment of the 2030 vision.
- (b) The country marked a historic milestone when the NHI Bill was signed into law in May 2024. This marks great strides in transforming the healthcare system towards universal health coverage. The Act represents a comprehensive and transformative approach to healthcare delivery in South Africa, founded on the principles of equity, sustainability, fairness and social solidarity. Promulgation of the NHI Act enabled the Department to commence with implementation of NHI, and to create mechanisms for the equitable, effective and efficient utilisation of the resources made available to the NHI Fund to meet the health needs of the population. This will ensure that every South African, regardless of their socio-economic status, has access to a comprehensive set of healthcare services without facing any financial hardships.
- (c) Substantial work was undertaken to prepare for the phased implementation of NHI. There is progress in the establishment of two key Ministerial Advisory Committees (MACs). These committees will provide critical guidance to the NHI implementation process. The MAC on Health Care Benefits will lay the groundwork for the future Benefits Advisory Committee by providing strategic direction on the structure and content of benefit packages. Meanwhile, the MAC on Health Technology Assessment (HTA) will develop standard operating procedures (SOPs) to evaluate health interventions, including for medicines, medical devices and consumables.
- (d) A draft accreditation framework for health service providers was produced. This will be the primary method used by the NHI Fund to ensure that providers have the capability to submit the information required by the Fund for monitoring of service delivery indicators and evaluation of provider performance. Substantial work was also undertaken in developing a draft contract for Primary Health Care (PHC) providers to be reimbursed through capitation in Contracting Units for PHC (CUP) areas. This forms a critical component of the broader suite of healthcare benefits that are being implemented as part of the NHI proof-of-concept phase.
- (e) The Electronic Medical Record (EMR) was developed as a cornerstone of the Department's strategy to improve healthcare management and address challenges such as poor record keeping. The first phase of EMR for TB and HIV has been developed. The scoping exercise for the Single Patient Viewer (SPV) as the forerunner to the longitudinal patient record and the shared electronic health record has been completed. During March 2025, the EMR for TB/HIV was deployed across 37 pilot facilities. Furthermore, the roll-out and development of the Health Patient Registration System (HPRS) continued during the period under review. As of 31 March 2025, installation of the HPRS solution had been expanded to 3 266 health establishments (3150 fixed PHC facilities, 113 hospitals and three General Practitioner practices). Additionally, the Automated Biometric Identification System (ABIS) was rolled out in 82 PHC facilities.
- (f) The second Presidential Health Compact 2024-2029 was signed by the Acting President, Paul Mashatile, on 14 August 2024. The Health Compact is a framework for co-operation between critical sectors and stakeholders to strengthen the health system and for monitoring and evaluation of preparations for implementing NHI. The stakeholders who are the main signatories in this compact include government, business, labour, civil society, health professionals, unions, service users, statutory councils, academia and researchers to develop sustainable and inclusive solutions to challenges in the national health system.

- (g) The Department, in collaboration with the World Health Organization (WHO) South Africa Country Office, hosted a one-day seminar (on 12 December 2024) to reinvigorate the government's pledge for and leadership of the work directed at accelerating Universal Health Coverage (UHC) efforts in South Africa. A UHC Day 2024 commemoration seminar brought together a diverse group of stakeholders to emphasise the importance of government stewardship and leadership in achieving UHC. The world is past the midpoint of the 2030 United Nations (UN) Sustainable Development Goals (SDGs), and this calls for reflection on a decade of progress, challenges, and opportunities in advancing UHC. The seminar aimed to promote equitable access to quality healthcare for all, raising awareness of the progress and challenges in reaching UHC goals. The theme for the 2024 UHC Day Health: 'It's on the Government'. This theme, as set by the WHO, emphasises the need for immediate and tangible steps in creating the world we want and accelerating progress towards UHC.
- (h) South Africa took over the G20 Presidency on 1 December 2024, marking a historic milestone as the first African country to lead this influential group. Under the health theme: 'Accelerate Health Equity, Solidarity and Universal Access', South Africa's G20 Health Working Group (HWG) focuses on the following priorities: Accelerating UHC through a Primary Health Care approach; Strengthening human resources for health; Stemming the tide of NCDs; Pandemic prevention preparedness and Response (PPPR); and Science and innovation for health and economic growth. The group is scheduled to hold seven meetings during 2025, culminating in the G20 Health Ministers' meeting where the G20 Health Ministers' Declaration will be released. The first meeting was convened on 24 January 2025. The focus of the discussions was on the South African Presidency's response to the HWG thematic areas. The Department hosted the second G20 HWG meeting from 26 to 28 March 2025; discussions focused on the legacy of former G20 presidencies; strengthening Primary Health Care as a pathway towards universal health coverage; and stemming the tide of NCDs.
- (b) On 25 February 2025, the Department officially launched the national #CloseTheGap campaign under the theme: 'Start and stay on HIV treatment'. The objective is to close the gap by initiating additional PLHIV, who are not on treatment by the end of December 2025. The campaign is crucial for meeting the UNAIDS 95-95-95 targets. Under the UNAIDS strategy, the second "95" target refers to ensuring that 95% of people diagnosed with HIV receive sustained ART. Expanding treatment access to people who are diagnosed but not yet on treatment, as well as re-engaging those who have disengaged from care, is essential for achieving viral load suppression. This will ultimately reduce HIV transmission and advance the goal of ending AIDS by 2030.
- (c) The Human Sciences Research Council (HSRC) released the key findings of the (SABSSM VI). The SABSSM VI survey, conducted between 2022 and 2023, aimed to maintain surveillance of HIV infection and behaviours in South Africa, evaluate the progress of the South African National HIV and AIDS, STI and TB Strategic Plan (NSP), and monitor HIV indicators for national and international reporting. The survey revealed that HIV prevalence for all ages decreased from 14% in 2017 to 12.7% in 2022, translating to a decline from 7.9 million PLHIV in 2017 to 7.8 million in 2022. Some advancements are evidenced by a stabilisation of HIV prevalence, an ageing epidemic, a reduction in HIV incidence, and enhancements in HIV treatment outcomes (such as increased rates of ART coverage and viral load suppression, in line with the 95-95-95 targets).
- (d) South Africa made significant improvements in reducing TB incidence, witnessing a 53% reduction between 2015 and 2022. TB treatment coverage increased from 59% in 2021 to 77% in 2022 for the first time, exceeding the global average. The Department also launched the End TB campaign, which aims to test 5 million people by the end of March 2026 and annually thereafter. This will, in turn, result in a 29% reduction in TB incidence and a 41% reduction in TB mortality by 2035.
- (e) South Africa celebrated a breakthrough towards eradicating TB. The ground-breaking 'BEAT Tuberculosis' initiative has become the world's first initiative in the fight against drug-resistant tuberculosis (DR-TB) for all population groups. The BEAT Tuberculosis clinical study was conducted at the Clinical HIV Research Unit (CHRU) Isango Lethemba TB Research Unit in the Eastern Cape and KwaZulu-Natal over the past six years. The study arose from the country's need to find better treatment options for DR-TB. The main intention was to inform local guidelines, but international guidelines have also been changed. The results from the study have influenced the WHO policy on the treatment of TB, and at the same time has placed the Global South on centre stage for driving improved TB treatment for all.

1.3 Major projects undertaken or completed during the year

- (a) South Africa made great strides in our performance against the global UNAIDS 95-95-95 strategy. To date, we have reached the first target, with 96% of people living with HIV (PLHIV) who know their status; 79% of PLHIV are on ART; and 94% of the estimated proportion of patients on ART are virally suppressed. Our challenge remains treatment initiation and retention in care, with men and children making up a larger proportion of the significant gap identified. Approximately 1.1 million people living with HIV are not on treatment, which puts them at risk of serious illness, including TB.

- (f) On 19 September 2024, MomConnect celebrated its tenth anniversary of ensuring that every pregnant woman and new mother, regardless of background or language, has access to essential health resources and messages tailored to their specific needs. MomConnect is a mobile technology platform that provides pregnant women with vital prenatal, pregnancy and post-natal information using mobile phones. Since its launch in 2014, almost 5 million mothers utilising public antenatal services have registered on the MomConnect platform in over 95% of public health facilities. Mothers receive health and pregnancy-related information until their baby turns two years, use the platform to seek healthcare guidance through an automated chatbot or a human-operated text-based helpdesk, and can provide feedback about the health services received. MomConnect has been shown to improve antenatal care visits by pregnant mothers, increase breastfeeding outcomes, use of family planning services among mothers, and increase vaccination coverage among young children.
- (g) The Department, in collaboration with Africa Centres for Diseases Control and Prevention (Africa CDC) hosted a weeklong adaptation workshop from 21 to 25 October 2024 to build capacity for surveillance staff (from human, animal and environmental sectors) on event-based surveillance (EBS), and to establish a pool of trainers for EBS to support the cascade of this capacity to lower levels. The workshop was targeted at communicable disease co-ordinators and surveillance managers from all nine provinces, relevant national managers, epidemiologists from the National Institute for Communicable Diseases, WHO representatives, and representatives from the Departments of Agriculture and Environmental Affairs. The EBS system strengthens early warning surveillance systems that detect events of significance for public health and health security. EBS assists with improved communication and collaboration across sectors, namely those of human health, animal health and environmental affairs, and between national, provincial and local levels of public health response to events of public health significance.
- (h) A series of workshops were conducted aimed at developing a robust Climate Change Adaptation Strategy for the South African Health Sector. This was a collaborative effort with the Department of Forestry, Fisheries and the Environment, the German International Co-operation and Pegasys. The strategy will be applicable to the health sector, mapping out climate change-driven impacts to the health sector in coming decades, to provide clear direction on reducing key vulnerabilities, building and strengthening adaptive capacity in a way that reduces overall risks. The Department will finalise the Strategy and draft the Work-in-Progress Implementation Plan. This work is especially significant in the context of President Cyril Ramaphosa signing the Climate Change Bill into the Climate Change Act 22 on 23 July 2024.

2. Overview of the financial results of the Department

2.1 Departmental receipts

	2024/25			2023/24		
	Estimate	Actual amount collected	(Over)/ under collection	Estimate	Actual amount collected	(Over)/under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	12 195	428 534	(416 339)	182 051	100 067	81 984
Interest, dividends and rent on land	6 400	15 422	(9 022)	7 500	13 818	(6 318)
Sales of capital assets	2	356	(354)	-	-	-
Financial transactions in assets and liabilities	425	216 312	(215 887)	539	25 328	(24 789)
TOTAL	19 022	660 624	(641 602)	190 090	139 213	50 877

An over collection of R641,6 million on revenue is due to the previous year's revenue collection in respect of accrued sales of COVID-19 vaccines

2.2 Programme expenditure

	2024/25			2023/24		
	Final appropriation	Actual expenditure	(Over)/ under expenditure	Final appropriation	Actual expenditure	(Over)/ under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	702 924	640 219	62 705	730 512	678 206	52 306
National Health Insurance	1 355 496	1 168 723	186 773	1 512 654	1 425 108	87 546
Communicable and Non-Communicable Diseases	25 420 648	25 405 624	15 024	23 724 142	23 659 109	65 033
Primary Health Care	3 312 314	3 295 525	16 789	2 994 070	2 989 803	4 267
Hospital Systems	23 905 509	23 860 621	44 888	22 136 008	22 130 825	5 183
Health System Governance and Human Resources	7 528 508	7 511 109	17 399	7 452 608	7 429 095	23 513
TOTAL	62 225 399	61 881 821	343 578	58 549 994	58 312 147	237 847

The Department has spent R61,882 billion of its allocation from the budget of R62,225 billion, representing a 99.4% spending rate.

- a) **Compensation of employees:** Expenditure amounted to R639,258 million, which represents 92.4% of the budget of R692,117 million.
- b) **Goods and services:** Expenditure amounted to R1,415 billion with a spending rate of 87.0% of the allocated budget of R1,626 billion.
- c) **Transfer payments:** Expenditure of R58,390 billion (100.0%) was incurred from the budget of R58,418 billion.
- d) **Purchase of Capital Assets:** An amount of R1,401 billion (95.5%) was spent on capital payments from the budget of R1,467 billion.

2.3 Reasons for under/(over) expenditure

Compensation of employees

The Department is in the process of filling vacant positions.

Goods and services

- Procurement of Microsoft Professional services is still in the quotation phase.
- The tender process of Information Technology security solution conducted through SITA was delayed; it had to be re-advertised as no suitable bidder was found.
- R65 million was committed for the communication strategy, and only 45% was utilised at financial year-end, as some campaigns and communication projects are still ongoing.
- 38% of R84 million committed for the Council for Scientific and Industrial Research (CSIR) NHI information system contract has been utilised to date.

Purchase of capital assets

Procurement of Information Technology equipment for NDoH and Provinces is not yet finalised.

2.4 Virements

Approval was obtained to vire funds after the Adjustments Budget, totalling R67,417 million, among the economic classifications.

2.5 Roll overs

None.

2.6 Unauthorised expenditure

None.

2.7 Fruitless and wasteful expenditure

No fruitless and wasteful expenditure was reported during the period under review.

2.8 Public private partnerships

The Department has agreements with the Coega Development Corporation, the Development Bank of Southern Africa, and the Independent Development Trust for implementation of infrastructure projects.

2.9 Discontinued activities / activities to be discontinued

None.

2.10 New or proposed activities

None.

2.11 Supply chain management (SCM)

Number of Quotation Requests	Value (R'000)
472	R44 181 688.15

The Department processed transactions through the open bidding process as depicted in the following table. The open bidding process is applicable for transactions above R1 000 000.

Number of Tenders	Value (R'000)
9	R17 162 105.86

The total breakdown of bidding process transactions is presented in terms of compliance with Preferential Procurement Regulations and Broad-Based Black Economic Empowerment (B-BBEE).

B-BBEE Contribution Level	Number of Transactions	Value (R'000)
Level 1	421	R47 928 259.01
Level 2	34	R3 438 363.50
Level 3	4	R324 913.05
Level 4	2	R88 776.55
Level 5	5	R680 671.90
Level 6	0	R0
Level 7	0	R0
Level 8	1	R6 436 070.70
Non-complaint	18	R2 446 739.30

In relation to assets management, the Department has maintained its Fixed Assets Register in accordance with the minimum required information.

For the year under the review, the Department had asset additions to the value of R 57,342,151.39 and non-cash asset additions to the value of R 59 289.30, as well as disposals to the value of R 41 322 262.06. The Department's overall register has 141 764 assets to the value of R 524 470 918.12, and all these assets are in the Fixed Assets Register which enables the Department to identify the location, value, condition, usage and asset number of these assets for accurate and efficient allocation and planning.

2.12 Gifts and donations received in kind from non-related parties

Items/purpose	Amount	Source
Received wine and a Thai scarf on 5 December 2024	R350.00	Embassy of Thailand
Received a Korean tea package on 13 December 2024	R200.00	South Korean Embassy
Received a US miniature glass statue and Nelson Mandela Booklet on 17 December 2024	R320.00	USA Embassy
Received chocolates and wine on 19 December 2024	R300.00	China Embassy
Received sponsorship to attend the Global Health Partnerships meeting in London from 18 to 19 March 2024	R84 931.11	Global Health Partnerships
Received gifts in kind from various donors on 26 and 27 July 2024	R600.00	ASI and SAMRC
Received sponsorship on 4 August 2024	R200.00	SA Pharmacy
Received sponsorship on 4 October 2024	R500.00	SAOPA Act
Received sponsorship on 13 November 2024	R350.00	Environmental Health
Received sponsorship to represent the Director-General from 11 to 13 December 2024	R99 471.33	WHO
Received sponsorship for accommodation and stipend to attend the 21 st NHIS Global Academy (NUGA) in the Republic of Korea in September 2024.	R37,000.00	Department of Global Co-operation and Development, National Health Insurance Services
Received sponsorship on 27 November 2024.	R3 603.81	SAMRC
Received sponsorship on 2 February 2025.	R3 603.81	SAMRC
Received sponsorship to attend a conference in Thailand from 8 to 10 May 2024.	R3 300.00	Centre for Global Development
Received sponsorship to attend the Systems Research Unit Symposium from 27 to 28 August 2024.	R4 000.00	SAMRC
Received sponsorship for flights and accommodation to attend the NDoH/SAMRC HTA meeting in Cape Town from 13 to 14 February 2025.	R5 800.00	SAMRC
Received sponsorship to attend the Supply Chain Leaders Forum in Kenya from 9 to 11 October 2024	R29 060.00	The Global Fund
Received sponsorship to attend the ARV Summit in Tanzania from 30 October to 1 November 2024.	R36 499.40	The Global Fund
Received sponsorship to attend SAPICS in Cape Town from 9 to 12 July 2024.	R14 610.00	Africa Resource Centre
Received sponsorship for flights and accommodation to attend the National Action Plan on Health Security (NAPHS) meeting from 13 to 14 February 2025,	R5 800.00	CDC
Received sponsorship to attend the Environmental Waste Surveillance Launch with MRC in Cape Town from 24 to 25 September 2024,	R4 310.00	SAMRC
Received sponsorship for flight to attend the SHIP meeting at the MRC in Cape Town on 12 July 2024.	R3 000.00	SAMRC
Received sponsorship for flights and accommodation to attend the MRC meeting in Cape Town from 13 to 14 February 2025.	R5 800.00	SAMRC
Received sponsorship to attend the Mpox Vaccine Preparedness meeting in Congo on 16 October 2024.	R274.440.00	WHO
Received sponsorship for flights and accommodation to attend the ARV Summit from 16 to 21 November 2024.	R36 499.00	Global Fund
Received sponsorship to attend the Pooled Procurement Mechanism meeting from 26 to 28 August 2024.	R5 170.00	SACD
Received sponsorship to attend the National Health Insurance Services conference in Korea on 27 September 2024.	R37 000.00	Republic of Korea
Received a farewell gift from employees on 29 January 2025.	R1 650.00	Free State Department of Health
Received sponsorship to attend the Partnership to End Malaria meeting in Lusaka, Zambia from 16 to 19 September 2024.	R57 048.00	RBM
Received sponsorship to attend a meeting in Zimbabwe from 2 to 6 September 2024.	R26 520.00	SADC
Received sponsorship for a trip to Lusaka, Namibia from 24 to 28 March 2025.	R42 161.23	CDC
Received sponsorship for a trip to Nairobi, Kenya from 23 to 27 February 2025.	R46 341.00	CDC
Received sponsorship for a trip to Windhoek, Namibia from 9 to 13 September 2024.	R43 824.00	CDC
Received sponsorship for a trip to Australia from 29 September to 2 October 2024.	R36 577.48	NICD
Received sponsorship for a trip to the Democratic Republic of Congo from 26 to 27 November 2024.	R31 380.00	WHO
Received sponsorship for a trip to Denmark from 3 to 4 March 2025.	R169 343.00	Danida Fellowship Centre
Received sponsorship to attend a meeting from 27 to 29 November 2024.	R55 182.00	WHO
Received sponsorship to attend a meeting from 4 to 6 June 2024.	R21 000	UNICEF
Received sponsorship to attend a meeting from 8 to 11 November 2024.	R21 700	WHO
Received sponsorship to attend a meeting from 11 to 13 December 2024.	R21 700	Africa CDC
Received sponsorship to attend a meeting from 21 to 24 January 2025.	R32 061	Africa WHO
Received sponsorship to attend a meeting from 17 to 19 March 2025.	R21 700	Africa CDC

2.13 Exemptions and deviations received from the National Treasury

For the year under review, the Department sought and received concurrent approval to deviate from the normal procurement process for the following procurement transactions.

2.14 Events after the reporting date

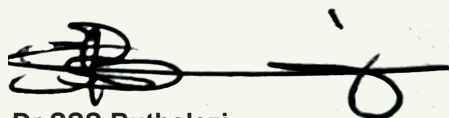
Project Description	Name of Supplier	Actual Value of Contract (R'000)	Reason for the Deviation
N/A	N/A		

Acknowledgements

I wish to express my appreciation to the Minister of Health, the Deputy Minister, as well as all members of staff for their dedication in pursuing the objectives of the National Department of Health. I also wish to acknowledge all partners working with us on the implementation of the National Development Plan.

Approval

The Annual Financial Statements are approved by the Accounting Officer.



Dr SSS Buthelezi
Director-General

1.6 Statement of responsibility and confirmation of the accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout this Annual Report are consistent.

The Annual Report is complete, accurate and free from any omissions.

The Annual Report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.

The Annual Financial Statements (Part F) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

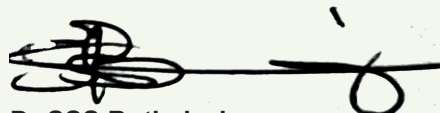
The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information, and the Annual Financial Statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, this Annual Report fairly reflects the operations, the performance information, the human resources information, and the financial affairs of the Department for the financial year ended 31 March 2025.

Yours faithfully



Dr SSS Buthelezi
Director-General

1.7 Strategic Overview

Vision

A long and healthy life for all South Africans.

Mission

To improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality, and sustainability.

1.8 Legislative and other mandates

The legislative mandate of the Department of Health is derived from the Constitution, the National Health Act 61 of 2003, and several pieces of legislation passed by Parliament that are guided by Sections 9, 12 and 27 of the Constitution.

Values

The Department subscribes to the Batho Pele principles and values.

Legislation falling under the portfolio of the Minister of Health

- Allied Health Professions Act 63 of 1982, as amended.
- Choice on Termination of Pregnancy Act 92 of 1996, as amended.
- Council for Medical Schemes Levies Act 58 of 2000, as amended.
- Dental Technicians Act 19 of 1979, as amended.
- Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972, as amended.
- Hazardous Substances Act 15 of 1973, as amended.
- Health Professions Act 56 of 1974, as amended.
- International Health Regulations Act 28 of 1974 as amended.
- Medical Schemes Act 131 of 1998, as amended.
- Medicines and Related Substances Act 101 of 1965, as amended.
- Mental Health Care Act 17 of 2002, as amended.
- National Health Act 61 of 2003, as amended.
- National Health Insurance Act 20 of 2023.
- National Health Laboratory Service Act 37 of 2000, as amended.
- National Public Health Institutes of South Africa Act 1 of 2020.
- Nursing Act 33 of 2005.
- Occupational Diseases in Mines and Works Act 78 of 1973, as amended.
- Pharmacy Act 53 of 1974, as amended.

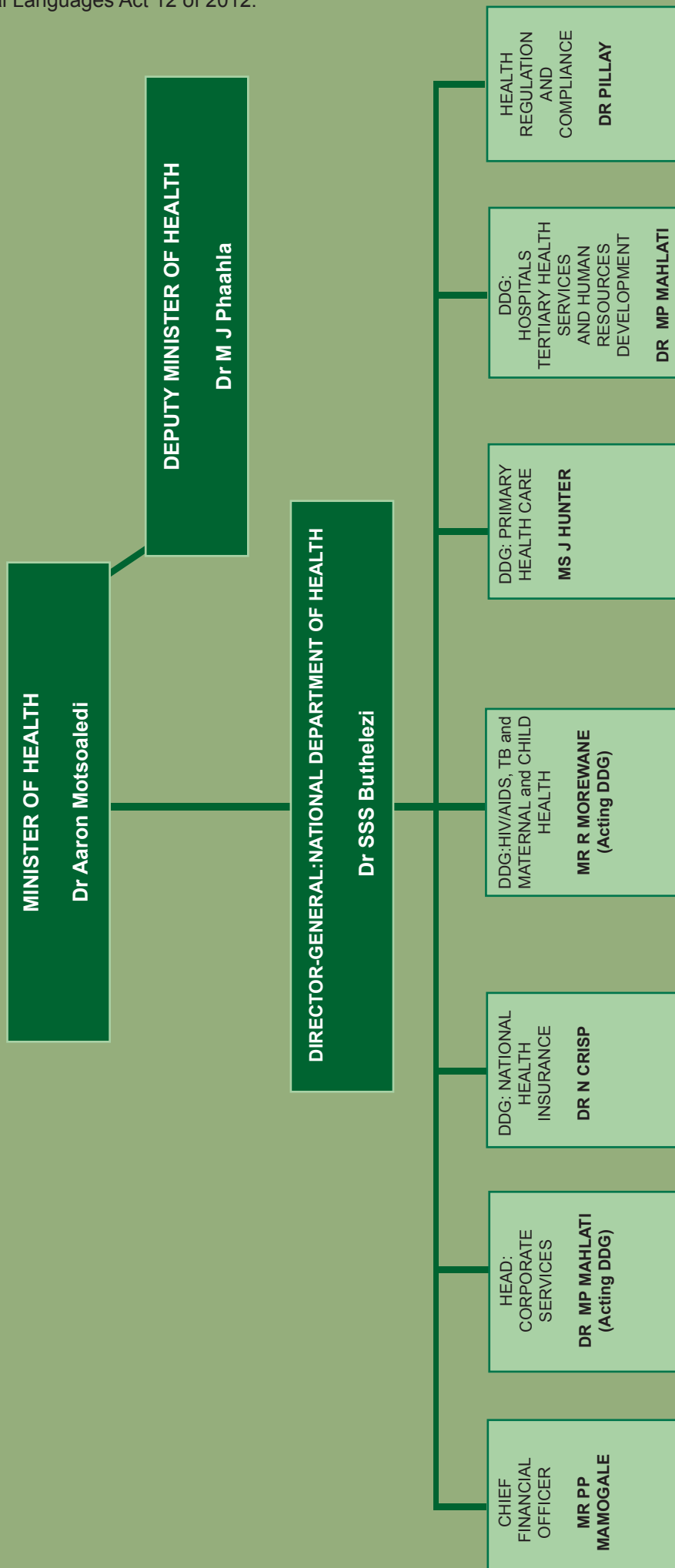
- South African Medical Research Council Act 58 of 1991, as amended.
- Sterilisation Act 44 of 1998, as amended.
- Tobacco Products Control Act 83 of 1993, as amended.
- Traditional Health Practitioners Act 22 of 2007.

Other legislation with which the National Department of Health must comply

- Basic Conditions of Employment Act 75 of 1997, as amended.
- Broad-Based Black Economic Empowerment Act 53 of 2003, as amended.
- Child Justice Act 75 of 2008, as amended.
- Children Act 8 of 2005, as amended.
- Criminal Procedure Act 51 of 1977, as amended.
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, as amended.
- Compensation for Occupational Injuries and Diseases Act 130 of 1993, as amended.
- Control of Access to Public Premises and Vehicles Act 53 of 1985, as amended.
- Conventional Penalties Act 15 of 1962, as amended.
- Designs Act 195 of 1993, as amended.
- Division of Revenue Act 7 of 2003.
- Employment Equity Act 55 of 1998, as amended.
- Intergovernmental Fiscal Relations Act 97 of 1997, as amended.
- Labour Relations Act 66 of 1995, as amended.
- National Roads Traffic Act 93 of 1996.
- Occupational Health and Safety Act 85 of 1993, as amended.
- Promotion of Access to Information Act 2 of 2000, as amended.
- Promotion of Administrative Justice Act 3 of 2000, as amended.
- Promotion of Equality and the Prevention of Unfair Discrimination Act 4 of 2000, as amended.
- Protected Disclosures Act 6 of 2000, as amended.
- Protection of Personal Information Act 4 of 2013.
- Public Finance Management Act 1 of 1999, as amended.
- Public Service Act, 1997 (Proclamation No. 103 of 1994), as amended.
- Public Service Commission Act 46 of 1997, as amended.
- Skills Development Act 97 of 1998, as amended.
- State Information Technology Act 88 of 1998, as amended.
- State Liability Act 20 of 1957, as amended.
- The Competition Act 89 of 1998, as amended.
- The Copyright Act 98 of 1998, as amended.
- The Merchandise Marks Act 17 of 1941, as amended.
- The Patents Act 57 of 1978, as amended.
- Trade Marks Act 194 of 1993, as amended.
- Unemployment Insurance Contributions Act 4 of 2002, as amended.

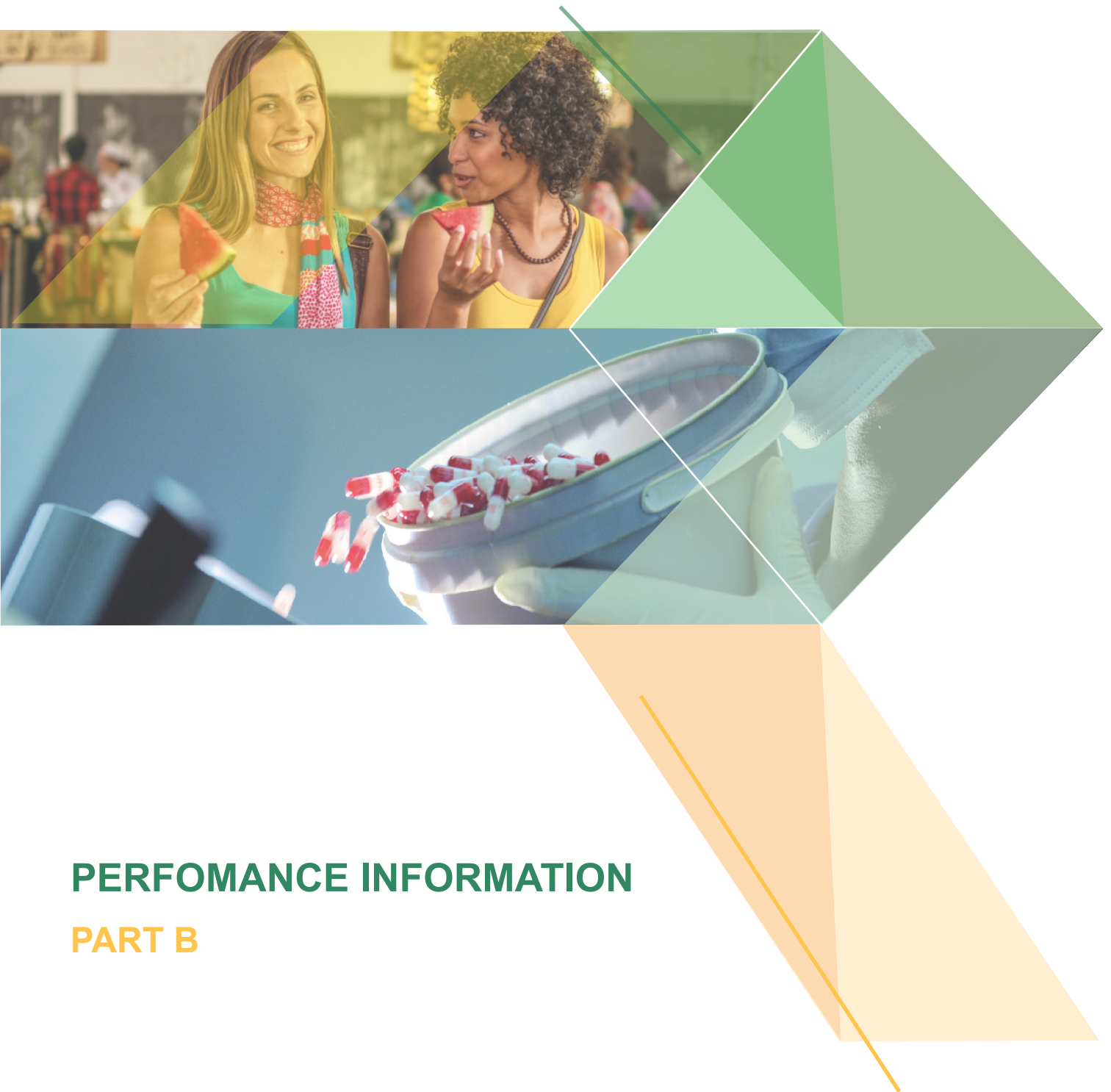
- Use of Official Languages Act 12 of 2012.

1.9 Organisational Structure



1.10 Entities reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act 131 of 1998	Transfer payment	Regulates the medical scheme industry.
South African Medical Research Council	South African Medical Research Council Act 58 of 1991	Transfer payment	Mandated to improve the health and quality of life through research, development and technology transfer.
National Health Laboratory Service	National Health Laboratory Service Act 37 of 2000	Transfer payment	Provides cost-effective laboratory services to all public-sector healthcare providers.
Compensation Commissioner for Occupational Diseases in Mines and Works	Occupational Diseases in Mines and Works Act 78 of 1973	Transfer payment	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures.
Health Professions Council of SA	Health Professions Act 56 of 1974	Not applicable	Regulates the health professions registered under the Health Professions Act and is mandated to control the education, training and registration of practising health professionals.
SA Nursing Council	Nursing Council Act 33 of 2005	Not applicable	Regulates the nursing profession by establishing and maintaining nursing education and training as well as practice standards.
SA Pharmacy Council	Pharmacy Act 53 of 1974	Not applicable	Regulates the pharmacy profession with powers to register pharmacy professionals and pharmacies, control of pharmaceutical education, and ensure good pharmacy practice.
SA Dental Technicians Council	Dental Technicians Act 19 of 1979	Not applicable	Regulates the professions of dental technicians and dental technologists, and dental laboratories.
Allied Health Professions Council of South Africa	Allied Health Professions Act 63 of 1982	Not applicable	Regulates allied or complementary health professions falling within the mandate of the Council.
Interim Traditional Health Practitioners Council of South Africa	Traditional Health Practitioners Act 22 of 2007	Funds meetings of the Interim Council	Regulates traditional health practice and traditional health practitioners, including students engaged in or learning traditional health practice in South Africa.
Office of Health Standards Compliance	National Health Act 16 of 2003	Transfer payment	Monitors and enforces the compliance of health establishments with the prescribed norms and standards of health care, and ensures the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner.
South African Health Products Regulatory Authority (SAHPRA)	Medicines and Related Substances Act 101 of 1965	Transfer payment	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics, and related matters in the public interest.



PERFORMANCE INFORMATION

PART B



2.1 Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) currently conducts certain audit procedures on the performance information to provide reasonable assurance in the form of an audit finding.

The audit findings on the performance against predetermined objectives are included in the report to management.

Refer to page 115 of the Report of the Auditor-General to Parliament, published in Part F: Financial Information.

2.2 Overview of Departmental Performance

Service delivery environment

The WHO Global Strategy to Accelerate Elimination of Cervical Cancer by 2030, aims to set countries on a path to elimination of cervical cancer to achieve the ambitious goal of an incidence rate of less than 4 per 100 000 women per year. South Africa has committed to achieving the WHO Cervical Cancer Elimination targets, which focus on ensuring that 90% of girls are vaccinated against the human papillomavirus (HPV), that 70% of eligible women are screened for cervical cancer using a high-quality test, and that 90% of women with precancerous lesions or invasive cancer receive treatment.

The Department is actively conducting an HPV vaccination to reduce the incidence of cancer of the cervix, mainly targeting all girls in Grade 5, aged nine years and older, in all public and special schools. During the February/March 2024 round of HPV vaccination, 405 299 girl learners (88.6% of the target population) received HPV vaccination. The programme has since been extended to private and independent schools. During 2024/25, training on cervical cancer elimination was conducted in six provinces, with more than 700 health care workers receiving training. HPV screening was introduced early in 2024/25, and as at the end of March 2025, 43 of the country's 52 Health Districts introduced HPV testing as the primary screening test for cervical cancer screening.

According to the Birth and Death Registration Act 18 of 2010, as amended, all children born in South Africa must be registered within 30 days of their birth. In order to put the Birth Registration law into effect, the Department of Home Affairs and the NDoH embarked on a quest to establish optimal, accessible and sustainable strategies to improve early birth registration. The roll-out of the Online Birth Registration System in health facilities was resuscitated in 2019, when 1 445 public health facilities with maternity wards were identified to fall within the scope of the project. From 2021 to 2022, the project established a functional Online Birth Registration infrastructure in 161 health facilities with a dedicated network infrastructure. Full-time officials from the Department of Home Affairs were allocated to these health facilities to provide Birth Registration services. By the end of 2024/25 financial year, the roll-out of the Online Birth Registration project was completed in 47 health facilities, in addition to the 252 health facilities completed in 2023/24. This brought the

total number of health facilities that can register and issue birth certificates to 299.

The Central Chronic Medication Dispensing and Distribution (CCMDD) 'Dablap Meds' programme, continued to provide alternative means of facilitating improved access to chronic medicines for clinically stable patients. Patients collect their medication from external pick-up points (PuPs) which are closer to their homes or workplace, resulting in reduced transport costs. A total of 2 912 PuPs are currently contracted by the programme to offer medicine parcel collection services to patients, delivering 8 978 126 parcels during 2024/25. Further to that, 3 576 public health facilities in eight provinces enrolled patients onto CCMDD. These facilities also act as collection points for medicine parcels, with 1 185 875 patients collecting their CCMDD medication parcels from facilities. This option reduces the patient waiting times for collection of CCMDD medicine parcels.

The Medical Bureau for Occupational Diseases (MBOD) and the Compensation Commissioner for Occupational Diseases (CCOD) are entities that deal with compensation for occupational lung diseases in the mining sector. During the period under review, the CCOD paid out 6 203 claims amounting to R404 million, and the MBOD conducted 17 711 medical certifications. In addition, outreach activities were conducted for ex-mineworkers and beneficiaries in the Free State, Mpumalanga and Gauteng Provinces. A total of 15 940 ex-mineworkers and beneficiaries were reached, and 1 977 ex-mineworkers underwent medical assessments during these outreach activities. Approximately R29 million was paid to the eligible claimants or beneficiaries who attended the outreach programme. We worked closely with provincial and local government officials, ex-mineworker associations and traditional leaders in selected districts in these provinces.

The NDoH is working in collaboration with the Border Management Authority (BMA), a public entity established in April 2023, to manage and secure South Africa's borders. The BMA responsibilities include facilitating the legitimate movement of people and goods at ports of entry (PoE), while preventing and mitigating illegal activities. The BMA also manages the security and sterility of the PoE and oversees the execution of border-related powers such as search, seizure, arrest and detention. During 2024/25 financial year, the BMA officials conducted the screening of international travellers and inspection of high-risk international conveyances. The NDoH shared alerts on the outbreak of international concern with the BMA for distribution to stakeholders within the PoE environment.

The NDoH has institutionalised ways to foreground the views and experiences of citizens by putting systems in place to measure the quality of service delivery rendered in our public health facilities. The Department is implementing three systems to measure the quality of service delivery. The methods used include the Complaints, Suggestions and Compliments (CSC) system, the Patient Experience of Care (PEC) survey, as well as the Patient Safety Incident (PSI) system. The number of complaints logged has increased from 24 724 in 2023/24 to 26 811 in 2024/25. For the 2024/25 financial year, 25 643 of the 26 811 (96%) complaints that were lodged, were resolved. Of the complaints that were resolved, 24 425 (95%) were

resolved within 25 working days. During the same period, 94.8% public health establishments conducted annual PEC surveys and achieved an 82% patient satisfaction rate. Moreover, the number of reported PSIs decreased from 29 552 in 2023/24 to 27 865 in 2024/25. A total of 26 811 of the 27 865 (96%) PSI cases reported by provinces were closed, and of these, 26 552 (99%) were closed within 60 working days.

Service Delivery Improvement Plan

Health is a concurrent function of the national and provincial spheres of government. The NDoH is responsible for planning, developing policies and guidelines, and monitoring and evaluating progress thereof, while Provincial Departments of Health are responsible for service delivery. Thus, the NDoH Service Delivery Improvement Plan focuses on various areas in improving services rendered at sub-national level.

Main service and standards

Main services	Beneficiaries	Current / actual standard of service	Standard of service	Actual achievement against standards
Prevent importation of communicable diseases at 44 points of entry (PoE)	International travellers, conveyance operators, airline companies, Border Management (Department of Home Affairs, South African Revenue Services, South African Police Services and Department of Agriculture Forestry and Fisheries)	Screening of international travellers at 44 PoE	Screening of international travellers	Screening of international travellers conducted by Border Management Authority (BMA) health officials
		Inspection of high-risk international conveyances to determine compliance with health measures	Inspection of high-risk international conveyances to determine compliance with health measures	High-risk international conveyances inspected by Border Management Authority health officials
		Alert and inform stakeholders of outbreaks of international concern	Alert and inform stakeholders of outbreaks of international concern	Alerts on the outbreak of international concern were shared with the Border Management Authority for distribution to stakeholders within the PoE environment.
		Provide client with contact details of all Port Health managers	Provide client with contact details of all Port Health managers	Contact details of Border Management Authority health managers are displayed at the points of entry
Compensations for occupational lung disease in miners and ex-miners by the Compensation Commission for Occupational Disease	Miners and ex-miners	Families of miners and ex-miners; the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	All targets achieved: Processed 17 711 certifications, and 6 203 claims were finalised, amounting to R404,6m.

Batho Pele arrangements with beneficiaries (consultation access, etc.)

Current arrangements	Desired arrangement	Actual achievement
Consultative fora	Key stakeholders in the health sector including public, private, non-government sectors and development partners	The second Presidential Health Compact was signed and launched in August 2024. This is a framework of co-operation between a broad range of stakeholders to support health systems strengthening and preparation for the implementation of the National Health Insurance. The second Health Compact follows the 2023 Presidential Health Summit which built on the inaugural summit of 2018, and the stakeholders involved in the Compact are integral to supporting the NDoH in improving the health system. The signatories to the Health Compact are: - The President of the Republic of South Africa - The Minister of Health – Government - The Minister of Science and Innovation - Independent Community Pharmacy Association (ICPA) – Business - South African National AIDS Council (SANAC) – Civil society - South African Medical Association Trade Union - Democratic Nurses of South Africa - Congress of South African Trade Unions – Labour - Campaigning for Cancer – Patient user groups - South African Medical Research Council (SAMRC) – Academia - South African Pharmacy Council (SAPC) – Statutory bodies - National Unitary Professional Association for African Traditional Health Practitioners of South Africa (NUPAATHPSA) - Traditional Knowledge Systems and Allied Health

Service Delivery Information Tool

Current/actual tools	Desired information tool	Actual achievements
Personal interaction, circulars, briefings to management, induction sessions and workshops	Existing tools	A new occupational classification system was implemented for the Department. In collaboration with the Department of Planning Monitoring and Evaluation, the performance assessment of the Heads of Department was finalised. The Department has a fully functional Management Committee. The Chief Directorates of Human Resource Management and Development implemented 709 skills-development interventions that included skills programmes; an induction programme for the Executive and Senior Managers; the award of 84 bursaries to 19 officials who successfully completed their studies; recruitment and training of 31 interns; and placement of seven middle and senior managers in various fellowship programmes.

Complaints mechanism

Current/actual complaints mechanisms	Current complaints mechanism	Actual achievements
Complaints and compliment procedures for clients	Improved management and processing of complaints and improved turnaround times	For the 2024/25 financial year, 25 643 of the 26 811 (96%) complaints that were lodged by provinces were resolved. Of the complaints that were resolved, 24 425 (95%) were resolved within 25 working days.
MomConnect for pregnant women and mothers	Improved response time; investigations of complaints and their satisfactory resolutions	MomConnect was launched with the vision of leveraging mobile technology for improved maternal and child health. To date, MomConnect has connected over 5 million mothers to essential health information and services. This initiative has not only empowered women but has also made remarkable strides in reducing maternal mortality and promoting healthy practices. A game-changer for the MomConnect programme was the introduction of WhatsApp and the MomConnect Helpdesk, which not only provide access to critical information but also facilitate meaningful two-way conversations with health professionals offering more personalised support. In October 2024, the Department introduced '#AskSisterPhila', giving pregnant mothers the opportunity to ask pregnancy- and baby-related questions; to date, there are over 700 000 registered users on Facebook.

Organisational environment

The Department implemented control measures to ensure that appointment of staff falls within the allocated Compensation of Employee budget when filling vacant posts. The Human Resource Management and Development sub-programme provided technical support in maintaining post establishment when filling priority posts towards enhancing capacity for service delivery.

Key policy developments and legislative changes

The National Health Insurance (NHI) Act 20 of 2023 was signed by the President in May 2024 to establish the dispensation of universal health coverage.

The following legal challenges were managed in the courts during the period under review, which still continue in the new financial year:

- National Health Insurance Act: four High Court Applications.
- National Health Act: judgment in the High Court against proclamation of sections 36 to 40 providing for Certificates of Need. This is now on appeal in the Constitutional Court.
- Medical Schemes Act: challenge to the decision not to allow 'low-cost benefit options', contesting the Council for Medical Schemes and the Minister's decisions.
- COVID-19: several applications alleging that vaccines caused harm to continue to be defended.

2.3 Strategic outcome-orientated goals

Strategic approach

The National Development Plan ('Vision 2030')

The strategic intent of the National Development Plan (NDP) 2030 for the health sector is the achievement of a health system that is accessible, works for everyone, and produces positive health outcomes. According to the WHO, a well-functioning and effective health system is the bedrock for attaining the envisaged health outcomes.

The trajectory for the NDP 2030 vision, a focus on strengthening the health system to ensure that it is efficient and responsive and offers financial risk protection. Chapter 10 of the NDP outlines nine goals for the health system to achieve by 2030. Five of these goals relate to improving the health and well-being of the population, and the other four deal with aspects of health systems strengthening.

Priorities to achieve Vision 2030

The NDP outlines a set of nine priorities, highlighting the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases.
- Strengthen the health system.
- Improve health information systems.

- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.
- Review management positions and appointments, and strengthen accountability mechanisms.
- Improve quality by using evidence.
- Establish meaningful public-private partnerships.

Sustainable Development Goals

South Africa is a signatory on the United Nations 2030 Agenda for Sustainable Development, which was adopted in 2015. The Sustainable Development Goals (SDGs) are a call to action to end poverty and inequality, protect the planet, and ensure that all people enjoy health, justice and prosperity. The overall aim of Goal 3 is to ensure healthy lives and promote well-being for all at all ages.

Medium-Term Strategic Framework 2019-2024

The strategic objectives of the National Department of Health are guided through implementation of the Medium-Term Strategic Framework (MTSF) 2019-2024, a five-year implementation plan and monitoring framework for achievement of the 2030 priorities for the sixth administration of government.

A set of priorities for 2019-2024 aimed to attain two overarching health goals, namely: (i) Progressive improvement in the total life expectancy of South Africans to 66.6 years by 2024, and 70 years by 2030; and (ii) Universal health coverage for all South Africans progressively achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI policy. The MTSF 2019-2024 entails implementation of 11 interventions by the NDoH, aimed at strengthening the health system and improving health outcomes.

The 2024/25 financial year marked the last year of the implementation of the priorities of the sixth administration. In May 2024, South Africa transitioned to the seventh administration of government, leading to the introduction of the Medium-Term Development Plan (MTDP), which guides the implementation of priorities of the Government of National Unity (GNU). The health sector contributes to Priority 2: 'Reduce Poverty and tackle the high cost of living', through the following priority interventions:

- Pursue achievement of universal health coverage through implementation of National Health Insurance to address inequity and financial hardship in accessing quality health care
- Improve the quality of health care at all levels of health establishments, inclusive of private and public facilities.
- Improve resource management by optimising human resources and healthcare infrastructure and implementing a single electronic health record
- Strengthen the Primary Health Care system by ensuring that home and community-based services, as well as clinics and community health centres, are well resourced and appropriately staffed to provide promotive, preventive, curative, rehabilitative and palliative care.

Presidential Health Compact 2019-2024

The Presidential Health Compact is an agreement and commitment by key stakeholders signed in July 2019, developed to identify primary focus areas towards establishing a unified, integrated and responsive health system. Partners in South Africa committed themselves to a five-year programme of partnering with government to improve healthcare services in the country. A second Presidential Health Compact was adopted in 2024 covering the 2024-2029 implementation period. The Health Compact is essential for ensuring collaboration and co-ordination between government and key stakeholders in achieving better health outcomes for the country, under the theme 'Accelerating Health System Strengthening and National Health Insurance (NHI)'. The Health Compact outlines 10 thematic pillars through which various interventions and activities are implemented. The NDoH is directly responsible for leading the implementation of these pillars, with the support of key stakeholders.

The strategic priorities of the health sector found expression in the 2024/25 Annual Performance Plan (APP), through which the key interventions required to achieve a more effective health system and the desired outcomes were implemented.

2.4 Programme Performance Information

2.4.1 Programme 1: Administration

Purpose: Provide overall management of the Department and centralised support services.

This programme consists of five sub-programmes:

- Ministry
- Management
- Financial Management
- Property Management
- Corporate Services

Human Resources Management sub-programme

This sub-programme is responsible for providing organisational development and employee acquisition services, as well as administration of service benefits. It is also responsible for institutionalising performance culture and implementation of skills development programmes in enhancing capacity towards achievement of Departmental objectives.

The sub-programme has repositioned itself as a change agent and a strategic business partner providing human resource value-chain services that enhance employees' capacity and morale as well as organisational performance. The sub-programme succeeded in implementing a new occupational classification system for the Department. This enabled the Department to design jobs that are aligned with service delivery imperatives, employees' career pathing, as well as Compensation of Employee budget allocation.

Legal Resources sub-programme

This sub-programme is responsible for the provision of effective and efficient legal support services in line with South Africa's Constitution and applicable legislation, to enable the Department to perform and achieve on its mandate. Inter alia, this entails drafting, editing and amending legislation, regulations and contracts administered by the NDoH; vetting international agreements; provision of legal advice and management of litigation; and management of internal appeals in terms of health legislation.

As part of the Transversal Tender, the NDoH has appointed a service provider (ABACUS Service Corporation) to develop and maintain a Case Management System to manage medico-legal claims received by Provincial Departments of Health. To date, the system has been rolled out in five provinces: KwaZulu-Natal, Free State, Northern Cape, North West and Gauteng. However, the system is not being fully implemented in these provinces. The NDoH has since appointed six data capturers to capture the historical data in Gauteng, Limpopo, Mpumalanga and North West to ensure that the data are in the correct format, once a service provider for the support and maintenance of the system is appointed.

During 2024/25 financial year, the Department processed and promulgated the following Regulations, Notices and Declarations, namely:

- Medical and Related Substances Act: Dispensing fee to be charged by persons in terms of section 22C(1) (a).
- Regulations defining the scope of the profession of dietitians in terms of the Health Professions Act 56 of 1974.
- Regulations relating to the practice of Pharmacy: Amendment in terms of the Pharmacy Act 53 of 1974.
- Regulations relating to the registration of persons and maintenance of register: Amendment in terms of the Pharmacy Act 53 of 1974.
- Regulations relating to milk and dairy in terms of the Foodstuff, Cosmetics and Disinfectant Act 54 of 1972.
- Regulations relating to a transparent pricing system for medicines and scheduled substances: Dispensing fee for Pharmacists in terms of the Medicines and Related Substances Act 101 of 1965.
- Regulations relating to the registration by dental therapists and oral hygienists of additional qualifications in terms of the Health Professions Act 56 of 1974.
- Exclusion of medicines from the application of certain provisions of Regulation 12 of the General Regulations in terms of the Medicines and Related Substances Act 101 of 1965.
- Regulations relating to the qualifications for the registration of medical orthotists and prosthetics in terms of the Health Professions Act 56 of 1974.
- Regulations defining the scope of the profession of orthopaedic footwear technicians in terms of the Health Professions Act 56 of 1974.
- Regulations relating to the registration of dental

laboratories and related matters: Amendment made in terms of the Dental Technicians Act 19 of 1979.

- Regulations relating to lead in paint or coating materials in terms of the Hazardous Substances Act.
- Regulations relating to the registration of optometry or dispensing optician students in terms of the Health Professions Act 56 of 1974.
- Regulations relating to the Constitution of the Professional Board of Environmental Health Practitioners in terms of the Health Professions Act 56 of 1974.
- Regulations relating to the qualifications for the registration of graduate clinical technologists: Amendment in terms of the Health Professions Act 56 of 1974.
- Regulations defining the scope of the profession of Arts Therapy in terms of the Health Professions Act 56 of 1974.
- Regulations on Pharmacy education and training.
- Publication of Schedules of Various Subjects relating to particular conditions and inclusion of new chemical entities in the Schedules.
- Regulations relating to the surveillance and control of notifiable medical conditions: Amendment.
- Adjustment of levies paid by controlled mines and works in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Declaration of Controlled Mine and Risk work — Tawana Hotazel Mine-Kalahari Goldridge Mining & Booyesendal Platinum (Pty) Ltd in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Amendment of amounts to increase benefits in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Declaration of Control for Mafube Colliery (Pty) Ltd and Ergo Mining (Pty) Ltd in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Risk determination methods in mines and works in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Increase of pension benefits in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.
- Declaration of controlled mines and risk work for various new mines in terms of the Occupational Diseases in Mines and Works Act 78 of 1973.

The Department processed and attended to the following Bills:

- Occupational Diseases in Mines and Works Bill.
- Tobacco and Electronic Delivery Systems Control Bill.
- Health Ombud Bill.
- Traditional Health Practitioners Amendment Bill.

Communications sub-programme

This sub-programme has two pillars, namely 'Strategic Communication' and 'Corporate Communication'. The Corporate Communication pillar shares information on what is being done to manage the quadruple burden of diseases, and internal communication related thereto occurs within the NDoH. The purpose of the Strategic Communication pillar is to actively shape public opinion by influencing the news media agenda, and this pillar is led mainly by the Ministry of Health.

During 2024/25, the sub-programme intensified communication efforts, especially for health promotion messages to educate individuals and the general public about health risks and prevention strategies, thereby empowering them to make informed health decisions that improve their well-being. These health promotion messages were disseminated through various platforms, including social media. The sub-programme successfully co-ordinated health facility visits led by the Minister, Deputy Minister and Director-General as part of ongoing proactive and rapid response health efforts, to gain first-hand information on the state of health service delivery and to make swift recommendations for improvements where necessary.

The Department has been working with various stakeholders in the sector and continued to reinforce social media intelligence through a variety of tools including social listening and media monitoring. This is aimed at consistently tracking the conversations and receiving feedback on health topics such as service delivery challenges, disease outbreaks, pandemics and epidemics for proactive communication and rapid response to mitigate the risk of misinformation. All service delivery-related complaints and concerns raised through digital platforms are promptly escalated to the relevant programme managers and provincial health structures for swift intervention.

The sub-programme continued with the co-ordination of the Risk Communication and Community Engagement (RCCE) workstream as part of the country's broader pandemic preparedness and response. These co-ordinated efforts were conducted in close collaboration with Provincial Departments of Health, the WHO Country Office, the United Nations Children's Fund (UNICEF) South Africa, the South African Red Cross, and other key stakeholders in the sector. As a core capacity of the International Health Regulations (IHR 2005), the RCCE is a critical component of public health emergency preparedness and response. This became crucial during the response to the pockets of outbreaks including Mpox, food-borne illnesses and illicit trade (also known as 'food poisoning', in communities around the country).

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for Deviations
Financial management strengthened in the health sector	Audit outcome of National DoH	Audit outcome of National DoH	Unqualified audit opinion	Unqualified audit opinion 2023/24 FY received	Unqualified audit opinion 2023/24 FY received	None	Not applicable
Financial management strengthened in the health sector	Payment of suppliers within 30 days from the date of receipt of invoices	Number of valid invoices paid after 30 days of receiving valid invoices from suppliers	516 invoices out of 5 144 (10%) were paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	7 invoices out of 2 571 (0.2%) paid after 30 days of receiving valid invoices from suppliers	-7 invoices	Delivery notes on three payments did not reconcile with invoice quantities. Bank details on one invoice did not match those on Central Supplier Database. One order had insufficient quantities. Delivery of two invoices was not confirmed on time.
Premature mortality due to NCDs reduced to 26% (10% reduction)	Health promotion messages actively marketed through integrated platforms	Number of health promotion messages broadcasted on social media to supplement other channels of communication	738 health promotion messages published on social media	200 health promotion messages on NDoH integrated platforms	671 health promotion messages on NDoH integrated platforms	+471 health promotion messages	Increased demand to support more activities on health awareness calendar events as well as Mpox awareness and community engagement activities. Multiple national campaigns running during the same period as well as outbreaks (hand, foot and mouth disease; Diphtheria), led to increased messaging.
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Visits to health-facilities	Number visits to health facilities by NDoH Minister / Deputy Minister / DG / DDGs	6 unannounced visits to health facilities NDoH / Minister / Deputy Minister / DG / DDGs to observe service delivery	12 visits to health facilities	12 visits to health facilities	None	Not applicable
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Community engagements on Health Programmes	Number of community engagements on Health Programmes conducted	4 Health Imbizos with communities	2 community engagements on Health Programmes Conducted	14 community engagements on Health Programmes conducted	+12 community engagements	Integrated community engagement with events for the commemoration of the health awareness days.
Staff equitably distributed and have right skills and attitude	Employment of women in line with equity targets	Percentage of women employed at SMS level according to the equity targets	45% of women at SMS level appointed at NDoH according to the equity targets	50% of women employed at SMS level in NDoH	47.5% of women employed at SMS level in NDoH	-2.5%	Transfers; promotions; retirement and cost-containment measures
Staff equitably distributed and have right skills and attitude	Employment of youth in line with equity targets	Percentage of youth employed according to the equity targets	5% of youth appointed at NDoH according to the equity targets	30% youth employed in NDoH	6.8% of youth employed in NDoH	-23.2%	Cost-containment measures and lack of implementation of leadership pipeline strategy
Staff equitably distributed and have right skills and attitude	Employment of people with disabilities in line with equity targets	Percentage of people with disabilities employed according to the equity targets	0.11% of people with disabilities appointed at NDoH according to the equity targets	2.5% of people with disabilities employed in NDoH	0.11% of people with disabilities employed in NDoH	-2.39%	Non-disability disclosure on Z83. Competitive salary scales between private and public sectors. Limited pool of people with disabilities.

Strategy to overcome areas of under performance

With regard to payments of invoices, the supplier updated the relevant delivery notes and the three invoices were eventually paid. The bank details were corrected by the company, a new order was issued, and payment to the supplier was processed. In order to address the delayed confirmation of invoice delivery, investigations were instituted, and appropriate action was taken to hold officials accountable.

To ensure equitable distribution of staff with the right skills, the Department will advertise critical posts as per Human Resource and Employment Equity requirements,

amend the recruitment and selection strategy, and revise the turnaround time for appointments. Internal promotions for youth will be prioritised through inclusion of development empowerment activities across all of the various programmes. The Department will also implement targeted recruitment of persons with disability during the new financial year.

Linking performance with budgets

Four of the eight outputs of this Programme were fully achieved, whereas the remaining four outputs were not fully achieved. The table below reflects expenditure of 91%.

	2024/2025			2023/2024	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Ministry	43 391	43 201	190	41 928	41 847
Management	9 614	9 497	117	17 561	14 794
Corporate Services	349 853	314 476	35 377	389 839	381 558
Office Accommodation	168 354	146 703	21 651	168 898	141 660
Financial Management	131 712	126 342	5 370	112 286	98 346
Total	702 924	640 219	62 705	730 512	678 206

2.4.2 Programme 2: National Health Insurance

Purpose: To achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.

There are six budget sub-programmes:

- Health Product Procurement
- User and Service Provider Management
- Health Care Benefits Provider Payment Design
- Health Systems Digital Information
- Risk and Fraud Management
- Central Chronic Medicines Dispensing and Distribution (CCMDD).

Health Product Procurement sub-programme

This sub-programme is responsible for developing the governance frameworks that improve and sustain availability and equitable access to medicines. It also implements the Single Exit Price (SEP) regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees for private sector pharmaceuticals. The sub-programme is responsible for developing systems to ensure access to essential pharmaceutical commodities.

During the 2024/25 financial year, the sub-programme extended its focus to non-pharmaceutical health products (medical devices and diagnostics), and commenced with health system strengthening work to review and develop the essential list of medical devices and equipment. The following milestones were achieved during the period under review:

- Establishment of a technical working group to develop the essential equipment or devices list. The Director-General of Health appointed

members from nominations that were received from respective Provincial Health Departments.

- The technical working group held its inaugural meeting for the year and began its work to develop the essential equipment or devices list.
- A first draft of the essential equipment or devices list for PHC conditions has been compiled based on the Standard Treatment Guidelines, and is available for further development.

Additionally, the Essential Drugs programme within the sub-programme evaluated 37 of 74 chapters of the Standard Treatment Guidelines across all care levels, created a new chapter on Critical Care, conducted 20 comprehensive technical medicine reviews, and completed six costing analyses.

The sub-programme advanced the development and implementation of a framework for Health Technology Assessment (HTA), including updating the National HTA Strategic Plan, drafting an implementation plan, and formalising a Memorandum of Agreement with the South African Medical Research Council. To further support the strengthening of selection processes, there were collaborations with international agencies, such as the United Kingdom's National Institute for Health and Care Excellence (NICE).

The Antimicrobial Stewardship Dashboard on the National Surveillance Centre was launched to monitor antimicrobial use and resistance. The dashboard was introduced during a webinar series held during World Antibiotic Awareness Week in November 2024.

Ten pharmaceutical contracts with a value of R7,423 billion were awarded during the 2024/25 financial year. These contracts resulted in an estimated R99 million in future savings. An estimated value of R 3, 289 billion was awarded to local manufacturers, representing 44,31% of the total value of the award.

The sub-programme played a key role in the development and implementation of the dispensing fee for pharmacists and persons licensed under section 22C(1)(A) of the Medicines and Related Substances Act, with the latest Gazette for Dispensing Fees being published on 4 October 2024. The sub-programme also facilitated the 5,25% Single Exit Price Adjustment (SEPA), which was published on 17 November 2024, with implementation initiated on 6 January 2025 and finalisation on 14 March 2025. During the financial year, over 2,000 submissions and applications were processed from nearly 200 pharmaceutical manufacturers, and no fewer than 10,000 medicine line items were reviewed. Notably, the highest number of submissions reviewed were for permanent Single Exit Price reductions (29%), suggesting that consumers of pharmaceuticals benefited from more affordably priced medicines, thus reinforcing the sub-programme's commitment to improving access to cost-effective health care.

The sub-programme continued its support to provinces regarding demand-planning and budget forecasting. A proposal for the earmarking of funds for health and health-related products was tabled and discussed at the National Health Council meeting in November 2024. This proposal was a step towards exploring the feasibility of earmarking the health products budget as a financial reform to strengthen the supply chain and ensure sustainable equitable access to essential medicines; however, the proposal was not supported.

The Health Financing and National Health Insurance develops and implements policies, legislation and frameworks to achieve universal health coverage by designing and implementing NHI.

The National Health Insurance Bill was assented to by the President on 15 May 2024 and is now the National Health Insurance Act 20 of 2023. This is a major milestone in the journey to health sector reform. This immediately resulted in four High Court applications being lodged against the Act. The Branch is working with a large team of legal counsels to defend the Act, and is also managing several other legal challenges. The High Court ruled that proclamation of sections 36 to 40 of the National Health Act (providing for Certificates of Need) are unconstitutional; however, the Department is appealing this judgment in the Constitutional Court. There is also a challenge to the Medical Schemes Act where the Applicant has challenged the Council for Medical Scheme's decisions not to implement 'low-cost benefit options' (LCBOs), pending the Minister's directive. The Branch is still managing the No Fault Compensation Scheme from the COVID-19 period, and is defending several applications which allege that harm was caused by the COVID-19 vaccines administered.

The Governance Regulations that will provide for the mechanisms and processes for appointment of the National Health Insurance Board and two statutory Advisory Committees were drafted, taken to the National Health Council for noting, and translated from English into Sepedi, Afrikaans and isiZulu, and the four language texts were published in the Gazette and on the webpage for comments. Several operational and corporate policies were drafted in preparation for the Board's approval. Additionally, communications on National Health Insurance commenced, focusing on brand awareness and countering of misinformation.

There are four main sub-programmes where the policies and procedure for the NHI Fund are being developed:

User and Service Provider Management sub-programme

The User and Provider Management is responsible for accreditation, contracting, monitoring and evaluation of healthcare service providers, registration of users who wish to access care paid for by the NHI Fund, and the content of the planned electronic medical record.

Accreditation of providers will be the primary method available to the Fund to ensure that users receive health care of adequate quality to improve health outcomes and quality of life, and to provide a satisfactory experience of care for users. Accreditation will also ensure that providers have the capability to submit the information required by the Fund for monitoring of service delivery indicators and evaluation of provider performance. A draft accreditation framework has been prepared for submission to the Technical Committee of the National Health Council and then to the National Health Council. Once approved, the draft will be discussed with all relevant stakeholders, adjusted in accordance with feedback received, and tested in proof-of-concept sites in each province.

A draft contract for Primary Health Care establishments has been prepared and will be completed once the benefits package and capitation model have been finalised. Thereafter, stakeholder engagement will commence to finalise the draft in preparation for testing in proof-of-concept sites.

A user's manual for NHI is being prepared to guide users through the registration process and explain their rights and responsibilities when receiving health care paid for by the NHI Fund. The manual explains to users what they can expect in terms of service delivery from providers contracted by the NHI Fund, how to select a provider with whom to register, how to change providers, how to communicate with the NHI Fund in relation to their care needs and experiences, and what will be expected from users to promote efficient, harmonious service delivery.

Health Care Benefits and Provider Payment Design sub-programme

Significant progress has been made in the design and testing of the NHI PHC package. A draft version of the package has been developed and shared with a wide range of stakeholders within the health sector for consultation and input. This PHC package forms a critical component of the broader suite of healthcare benefits that are being implemented as part of the NHI's proof-of-concept phase. This phase is currently being phased in through Contracting Units for Primary Health Care (CUP) sites located across the country.

In parallel, the Branch has been actively developing the foundational elements of the capitation payment model, which will serve as the primary payment mechanism for accredited and contracted healthcare providers under NHI. This model aims to ensure sustainable, value-based payments aligned with service delivery goals, improved provider accountability, and achievement of targeted health outcomes to support pay-for-performance interventions.

Furthermore, substantial work was undertaken to establish two key Ministerial Advisory Committees (MACs), which will provide critical guidance to the NHI implementation process. Terms of reference are being finalised to support the formal appointment of these committees. The first committee will focus on Health Technology Assessment, while the second will concentrate on the determination of health care benefits. The MAC on benefits will lay the groundwork for the future Benefits Advisory Committee by providing strategic direction on the structure and content of benefit packages. Meanwhile, the MAC on HTA will develop standard operating procedures to evaluate health interventions, including medicines, medical devices and consumables. These evaluations will be grounded in evidence-based medicine and cost-effectiveness principles to ensure value and efficiency in healthcare delivery. It is expected that both advisory committees will be formally appointed and begin operating during the 2025/26 financial year, marking an important milestone in the phased implementation of the NHI.

Risk and Fraud Management sub-programme

This sub-programme represented the Department at the Health Sector Anti-Corruption Forum (HSACF) meetings convened during the 2024/25 financial year. A Chief Director and one Director were appointed at the end of the financial year and will now commence with development of the NHI risk strategy.

Health Systems Digital Information sub-programme

Since 2014, the Health Patient Registration System (HPRS) has served as South Africa's national platform for managing patient demographic data. As of the end of 2024/25, it has been implemented in 3 265 public health facilities and holds over 68 million individual records, although data quality is affected by issues such as duplicates and unverified entries due to connectivity challenges. Version 1.18 of the HPRS was successfully deployed, with biometric identity verification piloted in 82 PHC facilities and scheduled for roll-out in 12 KZN hospitals in 2025/26, contingent on connectivity and funding.

The Master Health Facility List (MHFL), with over 55 000 public and private facilities recorded, continues to function as the authoritative facility registry. A standard operating procedure for its use across the sector is under development.

Data analytics and business intelligence functions have advanced, including the migration of applications to the NDoH platform, improved Health Information Centre (HIC) access controls, and the ingestion of TIER.Net and CCMDD datasets. Automation of Extract, Transform, Load processes has improved data reliability and enabled a shift from quarterly to monthly reporting.

Additionally, geospatial modelling for NHI contracting units was enhanced, and a secondary data centre was established to ensure system redundancy. Development of an electronic medical record (EMR) for PHC commenced, with a TB/HIV-focused version deployed in March 2025 across 37 pilot facilities. Full-scale roll-out depends on future funding.

Central Chronic Medicines Dispensing and Distribution (CCMDD) sub-programme

The Central Chronic Medicines Dispensing and Distribution (CCMDD) programme is responsible for defining, implementing and governing mechanisms to improve access to medicines for patients who are clinically stable on their chronic medication. The sub-programme implements this by contracting, through tender, private sector partners to provide:

- Dispensing and distribution services – which includes receiving chronic prescriptions for enrolled patients from public health facilities; reviewing prescriptions; dispensing prescriptions into the named patient, pre-packed medicine parcels; and distribution to the patient's nominated collection point.
- Pick-up point services – receiving parcels from dispensing and distribution partners; adequately storing parcels; issuing parcels to correct patients; and returning uncollected parcels.

The CCMDD is a patient-centric programme servicing around 3 585 929 active patients, to date. This number has grown from 3 144 021 in April 2024, indicating a 14% growth over the 2024/25 financial year. A total of 2 912 pick-up points are currently contracted by the programme to offer medicine parcel collection services to patients. During the period under review, 8 978 126 parcels were delivered to patients through pick-up point services. Medicine supply in a medicine parcel could range from one month's supply up to four month's supply. Nationally, 74% of patients received a three-month supply, and 21% of patients received a two-month supply. Data show that 62% (2 220 794) of patients choose to collect their medicine parcels from external pick-up points, highlighting the increased convenience of the patient encounter achieved through these alternative methods.

Multiple health conditions are serviced through CCMDD, thereby reducing stigma associated with any one disease condition. Patients receiving ART are still the majority on the CCMDD programme, with 61% of patients receiving ART only and a further 17% of patients receiving ART and treatment for other conditions. Data show that 22% of patients receive treatment for non-communicable diseases only.

During the period under review, a patient satisfaction survey was conducted with 1 550 randomly selected patients; 94% of patients indicated satisfaction with the programme, and 96% of patients indicated that they are likely to recommend the CCMDD programme to others.

Across the eight provinces, a total of 3 576 public health facilities are enrolling patients onto the CCMDD programme. These facilities also act as collection points for medicine parcels, with 1 185 875 patients collecting their CCMDD medication parcels from the facility. These collections allow patients to skip the administrative queues and to go directly to the pick-up point to collect their medication, thereby reducing patient waiting times to collect CCMDD medicine parcels at facilities.

Two service providers have been awarded the contract to dispense and distribute medicine parcels across the eight provinces. Pharmacy Direct provides services in Gauteng, KwaZulu-Natal, Limpopo, North West and Northern Cape. Medipost provides services in the Eastern Cape, Free State and Mpumalanga. In addition, there are 687 registered entities that provide the 2 912 contracted pick-up point locations for CCMDD medicine parcels. This indicates the scale of the public private partnership that CCMDD governs to provide services to clinically stable patients who are living with chronic conditions.

On the international side, the programme was invited to present in Japan, this being the first time that CCMDD has been presented on Asian soil. There was keen interest in the programme among countries, notably its implementation regarding public-private partnership and governance, especially those countries that have already implemented universal health coverage.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for Deviations
Package of services available to the population is expanded based on cost-effectiveness and equity	Parcels delivered to pick-up points	Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) Dablap Meds programme	9 075 140 million parcels delivered to PUPs	9.5 million parcels	8 978 126 parcels	-521 874 parcels	The programme implemented a three-month collection cycle instead of the normal one and two months. 74% of patients received three month's supply. Due to the US Government's funding withdrawal, all District Support Partners received the Stop Work Order in January 2025, which reduced capacity for CCMDD programme delivery at provincial level.
Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Accreditation Framework for health service providers developed	Accreditation Framework for health service providers submitted to NHC for approval	New indicator	Accreditation framework for health service providers submitted to NHC for approval	Draft accreditation framework produced	Accreditation framework not submitted for NHC approval	The Draft framework will be tabled at the next meeting of the Technical Advisory Committee of the NHC.
Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Capitation Model and Methodology Framework	Capitation model and applicable methodology Framework for PHC services prepared	New indicator	Draft capitation model and methodology framework developed	Draft capitation model and methodology framework developed	None	Not applicable
Information systems are responsive to local needs to enhance data use and improve quality of care	Electronic Medical Record for PHC services developed	Phased development of Electronic Medical Record (EMR) for PHC services	New indicator	Development of Electronic Medical Records (EMR) - Minimum Viable Product (MVP)1 focusing on TB HIV	Electronic Medical Record (EMR) - Minimum Viable Product (MVP)1 focusing on TB HIV developed	None	Not applicable
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Essential Equipment List for health care service package	Draft Essential Equipment List for health care service package developed	New indicator	Draft Essential Equipment List for health care service package developed	Draft Essential Equipment List for health care service package developed	None	Not applicable

Strategy to overcome areas of under-performance

The CCMDDD programme will still promote the three-month supply of medication and will investigate increasing the number of patients served, depending on funding availability. The parcel count will decrease, thereby creating a saving to the patients and the programme. With this cost-saving, more patients will be enrolled in the programme.

Linking performance with budgets

Three of the five outputs of this Programme were fully achieved, whereas the remaining two outputs were not fully achieved. The table below reflects expenditure of 86,2%.

	2024/2025			2023/2024	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	7 303	7 009	294	8 704	8 244
Affordable Medicine	49 930	49 796	134	43 096	40 922
Health Financing and National Health Insurance	1 298 263	1 111 918	186 345	1 460 854	1 375 941
TOTAL	1 355 496	1 168 723	186 773	1 512 654	1 425 108

2.4.3 Programme 3: Communicable and Non-Communicable Diseases

Purpose: Develop and support the implementation of national policies, guidelines, norms and standards, and facilitate the achievement of targets to reduce morbidity and mortality associated with communicable and non-communicable diseases. Develop strategies and implement programmes that reduce maternal and child mortality.

There are seven budget sub-programmes:

- HIV, AIDS and STIs
- TB Management
- Women, Maternal and Reproductive Health
- Child, Youth and School Health
- Communicable Diseases
- Non-Communicable Diseases
- Health Promotion and Nutrition

The HIV, AIDS and STI sub-programme

The HIV, AIDS and STI sub-programme is responsible for the review and development of policies, guidelines, strategies that inform the implementation of the combination of prevention and treatment interventions to reduce the burden of HIV, AIDS and other sexually transmitted infections (STIs). This work creates an opportunity for the provision of prompt treatment of HIV and other STIs, generating the platform for scientific evidence, innovation for the HIV epidemic response, and providing capacity building and technical assistance to the provinces, districts and facilities for optimised implementation of the HIV, AIDS and STI programme. It further co-ordinates the donors that support the programme, and engages in ongoing resource mobilisation, monitoring and evaluation to ensure that 95% of people within the sub-population who are living with HIV know their HIV status, that 95% of people within the sub-population who are living with HIV who know their HIV status are on ART, and that 95% of people within the sub-population who are on ART achieve viral suppression.

During the 2024/25 financial year, the sub-programme continued progressing towards the attainment of the 95-95-95 targets through involvement of various stakeholders. Participation in the South African National AIDS Council (SANAC) meetings and activities has ensured that the sub-programme receives support from the 18 sectors under SANAC's Civil Society sector forum. The sub-programme commemorated the Rotary Health Day in Rustenburg, North West Province, where the Minister of Health and his provincial counterpart graced the occasion. This event was used as a platform to launch the theme for World AIDS Day which followed on 1 December 2024. World AIDS Day 2024 was also commemorated in East London in the Eastern Cape; where the Deputy President announced the transitioning from three months of multi-month dispensing (MMD) to six months of MMD for PLHIV who have been on treatment and have attained viral suppression.

The sub-programme held the Accelerator I, under the leadership of the Minister of Health, Dr Aaron Motsoaledi, and the former US President's Emergency Fund for AIDS Relief (PEPFAR) Ambassador, Dr John Nkengasong. It was from this meeting that a decision was taken to trace and link 1.1 million PLHIV to treatment, so that the country can meet the 95-95-95 targets by 1 December 2025. The 1.1 million Close the Gap campaign was launched on 25 February 2025 in Johannesburg, Gauteng Province, in the presence of Provincial Members of the Executive Councils, SANAC's Civil Society Forum members, and other agencies, thus demonstrating strong commitment by the partners towards the tracing and linking 1.1 million PLHIV to care by December 2025. The sub-programme has also transitioned over 2 800 000 PLHIV from 2MMD to 3MMD.

The Tuberculosis Management sub-programme

This sub-programme is responsible for developing national policies and guidelines, setting norms and standards for TB services, and monitoring their implementation in line with the vision of a South Africa free from the burden of TB, as outlined in the 2023-2028 National Strategic Plan for HIV, TB and STIs (NSP).

During 2024/25 financial year, the department finalised the National Strategic Plan for TB programme. This strategy is aligned with the National Strategic Plan for HIV and AIDS, STI and TB 2023 – 2028 to ensure that the sub-programme can strictly focus on the key milestones for the attainment of the overall vision of eliminating TB as a public health threat by 2030. A week before the World TB Day, the Department hosted the media session specifically to mobilise the media as a sector towards focusing attention on the progress made in the fight against TB, while also helping to spread a message of hope to the public.

The Department commemorated World TB Day with an event held in Ugu District, KwaZulu-Natal, during which the Deputy President launched the End TB campaign, which will be attained through the screening of 5 million people for TB. The Minister also announced that this campaign calls for doubling the efforts to find people with TB, and that the launch ushers in a commitment to working with all sectors in society towards eliminating TB as a public health threat by 2030.

The sub-programme has tested close to 3 million people for TB using the molecular test known as the nucleic acid amplification test (TB-NAAT). In so doing, South Africa is one of the first countries in the world to diversify molecular technology for TB testing. In the recent past, we used only GeneXpert machines, but we have expanded our TB diagnostic capacity to include Roche machines and Becton Dickinson (known as BD) machines. The sub-programme has further noted a dramatic reduction in TB incidence by 57%, yet the death rate has declined by only 16 % since 2015. The Department is making efforts to reduce the TB death rate and loss to follow-up among TB patients.

The sub-programme ensured that a cohort of 2 338 individuals received the six-month regimen of multidrug-resistant tuberculosis (MDR-TB) medication between September 2023 and March 2024. For this cohort, we have achieved a higher treatment success rate of 75%, which is unprecedented for MDR-TB in South Africa. TB managers and clinicians have been called upon to sustain these excellent results and improve incrementally to reach 90% by 2030.

The Women, Maternal and Reproductive Health sub-programme

This sub-programme is responsible for developing and monitoring policies and guidelines, setting norms and standards for maternal and women's health services, and monitoring the implementation of these services.

The sub-programme continued efforts to advance the health sector's commitment towards achieving the WHO Cervical Cancer Elimination targets. During 2024/25, training on cervical cancer elimination was conducted, capacitating more than 700 health care workers in six provinces. To date, 43 districts have introduced HPV testing as the primary method for cervical cancer screening, far exceeding the planned target of 18 districts set for 2024/25.

The sub-programme also focuses on improving access to and uptake of contraceptives. During 2024/25, sub-cutaneous depot medroxyprogesterone acetate (DMPA-SC), which is already included in the 2019 National Contraception Clinical Guidelines, was approved for self-

injection by SAHPRA and for inclusion in the Essential Medicines List. The review of Termination of Pregnancy (ToP) guidelines commenced, in order to ensure alignment with WHO guidance and to address issues related to conscientious objection. Two new sites offering ToP services were established during the period under review, while training on ToP was conducted in three provinces and debriefing workshops were held in four provinces.

The National Integrated Maternal and Perinatal Care Guidelines were approved and disseminated. The new National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) and National Perinatal Morbidity and Mortality Committee (NaPeMMCo) were appointed by the Minister. These committees focus on reviewing maternal and perinatal deaths respectively and making recommendations strategies and interventions for preventing these deaths. During 2024/25, the NCCEMD released the 2020-2022 Saving Mothers Report. The work of the committee is highly respected, and following requests from Zambia and eSwatini Ministries of Health, training on the confidential enquiry process was conducted in these two countries.

Prevention of vertical transmission of HIV and other infections is an important area of focus. The sub-programme works closely with the Global Alliance for Ending Paediatric HIV & AIDS by 2030. The Eastern Cape Provincial Global Alliance plan was launched by the Deputy President, the Honourable Mr Paul Mashatile, and the Global Alliance patron, Ms Humile Mashatile during World AIDS Day commemorations in December 2024. Additionally, the Gauteng Provincial Global Alliance Plan was successfully launched by the Global Alliance Patron in March 2025. The Global Alliance Plan has been completed in two further provinces (KwaZulu-Natal and Mpumalanga) and will be launched during the 2025/26 financial year.

Child, Youth and School Health sub-programme

This sub-programme is responsible for policy formulation, co-ordination, and monitoring and evaluation of child, youth and School Health services, and co-ordination of stakeholders within and beyond the health sector to play key roles in promoting improved health and nutrition for children and young people. The sub-programme is made up of five sub-directorates, namely: Child Health, Child Nutrition, Paediatric and Adolescent HIV, the Expanded Programme on Immunisation (EPI), and Youth, Adolescent and School Health. The sub-programme's priorities remain to ensure that all children survive and thrive through prevention and management of common illnesses such as pneumonia, diarrhoea, HIV and malnutrition, and through the promotion of optimal infant and young child feeding, ensuring that all children are fully immunised, and supporting early childhood development. School Health services focus on screening of learners in Grades 1 and 8, as well as oversight of the HPV vaccination campaign. Improving access to adolescent sexual and reproductive health services both in and out of school settings remains a priority for improving adolescent health and well-being.

During 2024/25, two new vaccines were successfully introduced in all PHC facilities across the country. The measles rubella vaccine replaced the measles vaccine as an important step towards elimination of rubella and congenital rubella syndrome; and the tetanus diphtheria

pertussis (Tdap) vaccine replaced the tetanus diphtheria (Td) vaccine to protect young infants as well as adolescents and pregnant women from whooping cough, tetanus and diphtheria. The HPV vaccination campaign continued to reach more than 90% of Grade 5 girl learners in public and special schools, and for the first time, HPV vaccination was also offered to girl learners in private and independent schools. In addition, the sub-programme developed and implemented the Mpox vaccination deployment plan through the EPI programme.

The 'Side-by-Side' campaign remains an important platform that uses technology and emerging communications sciences to optimally support and reach mothers and other caregivers with information to assist them in raising healthy and happy children. This campaign aims to ensure that the messages contained in the Road-to-Health Booklet reach and support mothers and caregivers to provide all components of nurturing care. The central message of the campaign is: "You are central to your child's nurturing, care and protection – and their lifelong health outcomes. Your health worker is there to support you". Season 4 of the Side-by-Side radio show premiered on 4 October 2024 and aired for 36 weeks across the 12 radio stations in 10 official languages. The show reached an audience of 3,7 million listeners per week.

The sub-programme collaborates with other government departments to increase the scope and coverage of health and other services. The Integrated School Health Programme is jointly implemented with the Departments of Basic Education and Social Development. The Department of Health works with the Department of Education on a number of additional programmes, including Early Childhood Development and introduction of Comprehensive Sexuality Education (CSE) in all public sector schools. Additional collaboration includes working with the Department of Social Development to increase birth registration and social grant uptake, hosting webinars to inform health care and other social sector workers regarding mandatory reporting of suspected child abuse and working with the Department of Agriculture to implement the National Nutrition and Food Security Plan.

Communicable Diseases sub-programme

This sub-programme is responsible for policy development and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service (NHLS) and the South African Medical Research Council. It works to strengthen preparedness and core response capacity for public health emergencies in line with the 2005 International Health Regulations (IHR) and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination.

The Communicable Diseases Control Directorate spearheaded the national evaluation of the implementation of the 2005 IHR. The Joint External Evaluation (JEE) was conducted in collaboration with the WHO, and a country report was produced outlining good practices as well as areas that need attention. A national costed action plan for Public Health Security was developed to address the recommendations in the JEE report.

In the quest to strengthen the preparedness for and response to cholera outbreaks in the country, the sub-programme embarked on a process to identify and strengthen areas requiring multisectoral interventions. A map of cholera risk in the country was compiled to form the basis of the development of the National Cholera Plan in line with the Global Task Force on Cholera Control (GTFCC).

In preparation to mitigate the effects of pandemics, the programme commenced with the process of developing a National Pandemic Preparedness and Response Plan in collaboration with the WHO. A simulation exercise was conducted to evaluate the current status of response co-ordination, and the findings were incorporated into the plan. In line with this plan, a One Health Framework was developed to facilitate the implementation of the Pandemic preparedness and Response Plan.

The sub-programme continued to co-ordinate the multi-stakeholder response to the Mpox outbreak in the country. In strengthening the prevention and control of Neglected Tropical Diseases, a Leprosy Case Management training programme was delivered for all provinces in conjunction with provincial dermatologists.

A review of the mass drug administration for Schistosomiasis was conducted in six endemic districts in KwaZulu-Natal, in preparation for roll-out to other endemic districts in the country.

During the reporting period, South Africa recorded 3 250 malaria cases and 28 deaths, compared to 9 594 cases and 82 deaths in the 2023/24 financial year. Of the 3 250 malaria cases, only 600 were locally transmitted, with the remainder being imported cases. These numbers underscore the urgent need for sustained efforts to reduce malaria morbidity and mortality. In response, the Malaria Foci Clearing Programme was strengthened through quarterly reviews, starting with a national desktop review, followed by provincial assessments, a consolidation workshop, and technical evaluations. Implementation was prioritised in four high-risk sub-districts across KwaZulu-Natal, Mpumalanga and Limpopo, focusing on enhanced surveillance, vector control and community engagement.

A major milestone was the submission of the Malaria Elimination Strategic Plan 2025/26–2029/30 to the Technical Committee of the National Health Council. The plan provides a strategic roadmap towards malaria elimination by 2030 and is grounded in evidence-based and multisectoral approaches. Regionally, the sub-programme supported activities in four areas of Mozambique, namely: Inharrime, Jangamo and Zavala Districts in Inhambane Province, and Guíja District in Gaza Province, achieving 85% indoor residual spray coverage. These cross-border vector-control efforts contribute directly to reducing the importation of malaria cases, particularly in vulnerable districts such as uMkhanyakude in KwaZulu-Natal and Ehlanzeni in Mpumalanga. These initiatives form part of the broader Elimination 8 (E8) strategy and reflect the country's commitment to a unified regional approach to malaria elimination. Malaria services were expanded to non-endemic provinces in South Africa through the training of healthcare workers on diagnosing and treating both uncomplicated and severe malaria cases, with a strong emphasis on improving the index of suspicion to ensure

timely detection and response in areas where malaria is not usually expected to occur.

Non-Communicable Diseases sub-programme

This sub-programme is responsible for development of national policy, legislation, guidelines, norms, standards and monitoring and evaluation frameworks, in support of implementation in provinces of chronic non-communicable diseases (NCDs), programmes for disability and rehabilitation, the health of older persons, eye health, palliative care, mental health and substance abuse, including forensic mental health services, renal dialysis, organ transplant services. The sub-programme also facilitates the execution of the health sector's responsibility in terms of the Child Justice Act 75 of 2008.

During the 2024/25 financial year, efforts continued to further strengthen mental health services to sufficiently respond to the incidence of and burden of diseases associated with mental disorders in the country. Strides were made in addressing the problem of long waiting periods for admission of State patients from correctional centres to designated psychiatric hospitals. During the period under review, 408 new State patients were admitted to designated psychiatric hospitals, far exceeding the 338 State patients who were admitted during 2023/24. This was mainly as a result of the development of turnaround plans which were subsequently implemented by provinces that had backlogs of State patients waiting in correctional centres.

Support visits were conducted to PHC facilities in four provinces where mental health professionals, who are contracted using the Mental Health Conditional Grant, are allocated. The visit indicated that the contracted professionals have further increased access to mental health services. The Department continued with its collaboration with the South African Medical Research Council on a project to determine substance abuse trends in the country. For this purpose, data are collected from substance abuse treatment centres and reported bi-annually to inform planning and delivery of services.

The strategy of the sub-programme is to prevent and control non-communicable diseases through early detection and linking patients to care, with an integrated approach focusing on hypertension and diabetes. This approach greatly assisted the sub-programme to exceed the annual performance targets of screening adults for these two conditions at community and facility level. During the period under review, 44 069 005 screenings for diabetes and 44 602 922 screenings for hypertension were conducted. The increased uptake of screening services was supported by the training of Community Health Workers and Traditional Health Practitioners to conduct screenings in households, the procurement of HbA1c (glycated haemoglobin) point-of-care testing machines, and the roll-out of the national NCD campaigns in provinces. The campaign focused on early detection, lifestyle modification, and linkage to care. Screening enables individuals to know their status and receive treatment before complications set in.

Additionally, progress was made in strengthening cancer care co-ordination in South Africa. A successful National

Cancer Summit was held on 16 and 17 October 2024, bringing together key stakeholders to agree on a model for co-ordinated cancer care. Following this Summit, a Cancer Stakeholder Mapping Survey was conducted to gather critical information on the focus areas, funding sources, and scope of services provided by various stakeholders across the cancer care continuum. These initiatives mark an important step towards a well-structured and collaborative national response to cancer.

The Organ Transplantation and Renal Dialysis Unit continued to fulfil its mandate of strengthening national systems and supporting provinces to deliver equitable and accessible services. To improve access to renal dialysis, machines were procured and distributed to two provinces that requested support, enabling them to manage the increasing demand for these services more effectively. A significant milestone was reached with the development of a new national branding logo to support organ and tissue donation. The logo aims to enhance visibility and public recognition of the national organ donation and transplantation programme. It will be used during awareness campaigns and national organ donor events to promote a unified message and increase donor registration numbers. Collaboration with national and international stakeholders continued to strengthen renal dialysis and organ transplantation services, ensuring alignment with international standards and good practices.

Health Promotion and Nutrition sub-programme

This sub-programme is responsible for developing and disseminating regulations, policies, strategies, guidelines, norms and standards in these areas. It also monitors the implementation of service frameworks and conducts evaluations to identify areas for improvement, ensuring that the programme remains effective and responsive to evolving health needs. The sub-programme aims to enhance public health outcomes by reducing premature mortality from NCDs through disease prevention initiatives, the promotion of healthy lifestyles, and improved access to essential nutrition and oral health services. These efforts are undertaken in collaboration with Provincial Health Departments, other government sectors, non-governmental organisations (NGOs), health professional bodies, academic and research institutions, and civil society.

During 2024/25 financial year, the sub-programme continued with efforts to promote healthy lifestyles among the South African population. The Department collaborated with Parkrun South Africa to popularise Parkruns in townships, including urban, semi-urban and rural areas, aiming to promote physical activity. This community-based initiative was launched in October 2023 at the Mofolo Parkrun in Gauteng Province. The NDoH is working closely with Provincial Health Departments, the Department of Sport, Arts and Culture, City Parks, community leaders, and civil society organisations to roll out this initiative nationally. Physical activity is also actively promoted during health awareness events, primarily through organised walks and runs, including aerobics sessions. Physical exercise is important to combat obesity, since it is a risk factor for key NCDs such as cancer, heart disease and diabetes.

A Digital Health Promotion (DHP) campaign, which leverages digital platforms to proactively engage the population through personalised and geo-targeted health messages, was initiated with support from Doctors Without Borders (MSF: Médecins Sans Frontières). Over 20 million people were reached across the country through the DHP campaign. In addition to digital platforms, the Department also utilised radio, television, social media, print media and community engagement sessions to disseminate health messages in local languages.

Public awareness campaigns aimed at preventing NCD risk factors were conducted at various universities and within communities, in collaboration with key government and NGOs. In addition, a series of tobacco control events were held in support of the Parliamentary National Assembly public hearing process on the Tobacco Products and Electronic Delivery Systems Control Bill. National Oral Health Month was commemorated in the Mangaung

Municipality in the Free State Province. As part of this campaign, oral health services were provided to children at Early Childhood Development centres and to learners in primary schools.

To improve the quality of care provided to patients, 99 hospital food service units were assessed and supported, of which 77 were found to be compliant with the Food Service Policy. A pilot project to develop a clinical dietetic audit tool was tested in 18 regional and district hospitals across all nine provinces. The results have been analysed, and the finalised audit tool will be rolled out to more hospitals in the new financial year. Additionally, the national enteral feeds contract was renewed and remains in place to ensure the procurement of safe, high-quality nutritional products for all public hospitals in the country.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for Deviations
90:90:90 targets for HIV/AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Patients enrolled on Differentiated Models of Care (DMoC)	Number of HIV patients enrolled on Differentiated Model of Care (DMoC)	New indicator	3,300,000 HIV Stable Clients decanted to DMoC	2 678 393 HIV Stable Clients decanted to DMoC	-621 607 clients	Several provinces (Mpumalanga, Northern Cape, and Western Cape) had low decanting rates. Some provinces have regressed (FS, KZN) showing a decline in decanting performance from the previous quarters.
HIV incidence among youth reduced	PHC facilities with Youth Zones	Number of PHC facilities with Youth Zones	2101 PHC facilities with Youth Zones	2200 PHC facilities with Youth Zones	2 166 PHC facilities with Youth Zones	-34 PHC facilities	Northern Cape removed all facilities that are not fully implementing the Youth Zone programme from the list. Consistent lack of reporting from Limpopo and KwaZulu-Natal over the quarters.
Significant progress made towards ending TB by 2023 through improving prevention and treatment strategies	Improved TB treatment adherence	DS - TB treatment success rate	71.5%	83% of DS-TB Clients successfully treated	83% of DS-TB Clients successfully treated	None	Not applicable
Significant progress made towards ending TB by 2023 through improving prevention and treatment strategies	Improved TB treatment adherence	RR/MDFTB clients Treatment success rate	60.7%	73% of RR/MDR-TB Clients successfully treated	73.8% of RR/MDR-TB Clients successfully treated	+0.8% clients	Not applicable
Progressive improvement in the total life expectancy of South Africans	People treated for TB disease	Number of people started on TB treatment	180 421	221 941 people started on TB treatment	180 566 people started on TB treatment	-41 375 people	Some patients become initial loss to follow-up or die before they start treatment.
Maternal, Child, Infant and neonatal mortalities reduced	Districts introduced HPV screening for cervical cancer	Number of Districts introduced HPV screening for cervical cancer	0	18 Districts	43 districts	+25 districts	Twenty-five additional districts commenced with implementation of HPV screening.
Maternal, Child, Infant and neonatal mortalities reduced	Improved surveillance for vaccine-preventable diseases (polio)	Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 2 per 100,000 among children <15 years	8 districts	45 districts	39 districts	-6 districts	Limited national co-ordination of AFP surveillance due to lack of capacity. Shortage of district surveillance officers (EC, KZN, FS, LP). Shortage of resources (transport) to conduct supportive supervision and active case search.

Outcome	Output	Output Indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for Deviations
Morbidity and mortality due to Malaria reduced	Monitoring the implementation of the Foci clearing programme to accelerate interruption of local malaria transmission in the targeted sub-districts	Number of sub-districts implementing the Foci clearing programme	2 sub-districts implementing the Foci clearing programme	4 sub-districts implementing the Foci clearing programme	4 sub-districts implementing the Foci clearing programme	None	Not applicable
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for diabetes	Number of clients 18+screened for diabetes	9 provinces screen overall, 79% of clients 18+ for diabetes	16 709 215 of clients 18+ screened for diabetes	44 069 005 of clients 18+ screened for diabetes	+27 359 790 clients	Increased uptake of screening services at community and facility levels was supported by the training of Community Health Workers and Traditional Health Practitioners to conduct screenings in households, the procurement of HbA1c point-of-care testing machines, and the roll-out of the National NCD Campaigns in provinces.
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for hypertension	Number of clients 18+screened for hypertension	9 provinces screen Overall, 79 % of clients 18+ for hypertension	10 161 506 of clients 18+ screened for hypertension	44 602 922 of clients 18+ screened for hypertension	+34 441 416 clients	Practitioners to conduct screenings in households, the procurement of HbA1c point-of-care testing machines, and the roll-out of the National NCD Campaigns in provinces.
Premature mortality due to NCDs reduced to 26% (10% reduction)	New State patients admitted into designated psychiatric hospital	Number of new State patients admitted into designated psychiatric hospitals	338 new state patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	408 new State patients	+208 patients	Strengthened follow-up and support to provinces to develop and implement plans to increase State patients' movement from prisons to designated hospitals
Premature mortality due to NCDs reduced to 26% (10% reduction)	National NCD Campaigns conducted	Number of National NCD Campaigns conducted	4 National NCD Campaign conducted	4 National NCD Campaigns conducted	4 National NCD Campaigns conducted	None	Not applicable
Quality and safety of care improved	Hospitals obtain 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	297 hospitals (additional 97) hospitals obtained 75% and above on the food service policy assessment tool	351 hospitals (additional 70) compliant with food service policy	77 hospitals	+7 hospitals	More food service units in public hospitals were assessed and supported to comply with the Department's food service policy.

Strategy to overcome areas of under-performance

The Department will conduct a thorough investigation in Free State, Northern Cape, Mpumalanga and KwaZulu-Natal to identify specific data capturing challenges relating to HIV patients enrolled on Differentiated Models of Care (e.g. system issues, training gaps, resource constraints), and implement targeted solutions.

Webinars were held on capturing of DMOc data. The lack of reporting on the establishment of Youth Zones from Limpopo and KwaZulu-Natal was immediately escalated to the Director-General for intervention. The national team is conducting verification of Youth Zones information on a quarterly basis by sampling facilities to verify the provincial lists. The TB programme is implementing the Short Message System (SMS) notification to notify patients about their results in order to start treatment. TB data quality audits are continuously conducted in various districts.

Capacity building for clinicians on Surveillance and enhancing supportive supervision is being intensified at all levels of care. It is recommended that provinces appoint surveillance officers at provincial and district level. Provinces should advocate for resources (transport) to enable supervisors (for supportive supervision) and surveillance officers (to conduct active case search in hospitals).

Linking performance with budgets

Nine of the thirteen outputs of this Programme were fully achieved, whereas the remaining four outputs were not fully achieved. The table below reflects expenditure of 99,9%.

Sub-programmes	2024/2025			2023/2024	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	4 247	3 995	252	4 008	3 127
HIV, AIDS and STIs	25 186 376	25 185 960	416	23 351 774	23 341 969
Tuberculosis Management	26 544	26 260	284	30 160	28 770
Women's Maternal and Reproductive Health	10 425	10 013	412	14 176	14 010
Child, Youth and School Health	23 677	23 493	184	26 442	24 892
Communicable Diseases	60 476	52 445	8 031	174 983	147 157
Non-Communicable Diseases	76 822	72 010	4 812	90 231	68 035
Health Promotion and Nutrition	32 081	31 448	633	32 368	31 148
Total	25 420 648	25 405 624	15 024	23 724 142	23 659 109

2.4.4 Programme 4: Primary Health Care Services

Purpose: Develop and oversee implementation of legislation, policies, systems, and norms and standards for a uniform District Health System, Environmental Health Services, and Emergency Medical Services.

There are three budget sub-programmes:

- District Health Services
- Environmental and Port Health Services
- Emergency Medical Services and Trauma

District Health Services sub-programme

This sub-programme promotes, co-ordinates and institutionalises the District Health System, integrates programme implementation using the PHC approach, and co-ordinates the Traditional Medicine Programme.

During the period under review, the sub-programme increased the number of Ideal Clinics to 2 762 from 2 706 in 2023/24, representing 79% of all PHC facilities. A total of 44 821 Community Health Workers (CHWs) were contracted through indirect conditional grant funds. The number has declined by 1 851 from the previous financial year when the total was 46 672; this is due to lack of funding to replace the CHWs who exited the system. Community outreach services continued, with CHWs workers providing

preventive and promotive care as well as early detection and referral services. A total of 20 129 631 households were visited during this period. The number of household visits increased by 2 213 226 from 17 916 405 in 2023/24.

The sub-programme conducted a Patient-centred Care Model workshop to enhance clinical governance and quality of care to patients.

The sub-programme hosted Mental Health workshops for Traditional Health Practitioners (THPs) in all provinces. The workshops focused on providing education to THPs on certain aspects of care and promotion of treatment adherence, health awareness, and empowerment to offer care and support to patients with mental health disorders. The workshops also emphasised early detection and referral of patients. The sub-programme has finalised a draft Traditional Medicine Policy Framework and Strategy 2025–2031 for approval.

Environmental and Port Health Services sub-programme

This sub-programme is responsible for co-ordinating the delivery of environmental health services, including monitoring the delivery of municipal health services and ensuring compliance with international health regulations by co-ordinating Port Health services at all South Africa's points of entry. This sub-programme also provides oversight and support through policy development.

During 2024/25 financial year, 10 district and metropolitan municipalities were assessed for compliance with National Environmental Health Norms and Standards in executing their functions. The sub-programme commenced with a process to review the Environmental Health Policy and Strategy. Two stakeholder consultation workshops were held to discuss the revision of the Environmental Health Norms and Standards audit tool and the Environmental Health Policy and Strategy. Drafting of the revised Environmental Health Policy and the Environmental Health Norms and Standards audit tool is under way.

The 35 points of entry were assessed to determine compliance with the 2005 IHR. This forms part of ensuring that Port Health services are provided in line with domestic requirements and international obligations, and to monitor service provision. The sub-programme has been instrumental in conducting the Joint External Evaluation and development of a National Action Plan for Health Security. As part of supporting the Border Management Authority and strengthening the implementation of the IHR 2005 in points of entry, training was provided to the Border Management Authority and their stakeholders, and further support was provided during the Mpox outbreak. More than 8 000 import and export permits were issued for the transportation of human remains across international borders. The Regulations relating to the management of public health measures in points of entry were finalised following the final sign-off on the Socio-economic Impact Assessment System (SEIAS) by the Presidency.

The Annual Compliance Report (ACR) 2023/24 for the health sector's implementation of the 4th edition of the 2020–2025 Environmental Management Plan (EMP) was approved by the Director-General. Other documents that were developed include:

- Guidelines for the Environmental Health Response to Mpox
- Climate Change and Health Strategy
- Draft Air Quality and Health Strategy

The revised Group I and II Hazardous Substances Declaration Notices were finalised for publication. A total of 963 hazardous substances licences were issued. The following established committees and fora held their quarterly meetings to discuss Environmental Health workplans, strategies and developments:

- Air Quality and Health Focus Group
- National Climate Change and Health Steering Committee
- National Lead Exposure Prevention Working Group meetings
- Environmental Health Interprovincial Forum

Various webinars on environmental health topics were held during the period under review. The sub-programme facilitated the commemoration of 2024 World

Environmental Health Day which was observed through a conference hosted in collaboration with Alfred Nzo District Municipality in Eastern Cape Province. The Department also co-hosted the Environmental Health Indaba with the South African Local Government Association (SALGA) and the 4th All Africa Congress on Environmental Health with the South African Institute of Environmental Health (SAIEH).

In recent months, the country has experienced an increase in the number of incidents linked to foodborne illnesses and deaths in children due to pesticide poisoning. These incidents raised concerns about the safety and quality of food products sold in informal retail settings, particularly spaza shops which are commonly found within communities. As part of the response, the sub-programme actively participated in the National Joint Operational and Intelligence Structure (NATJOINTS) and led the Public Health work-stream for foodborne illnesses to design strategies and interventions for the prevention of future outbreaks.

Emergency Medical Services and Trauma sub-programme

This sub-programme is responsible for improving the governance, management and functioning of Emergency Medical Services (EMS) in South Africa by formulating legislation, policies, guidelines, norms and standards; strengthening the capacity and skills of EMS personnel, identifying needs and service gaps; and providing oversight to provinces. In terms of section 27 of the Constitution, all citizens have a right to emergency care. As such, public EMS teams respond to all emergency calls received. Factors such as urbanisation, migrant populations, and the increased frequency of storms, floods, disease outbreaks and civil unrest have heightened the demand for EMS.

During the 2024/25 financial year, all provinces complied with the completion of the EMS station assessments in terms of the draft Regulations relating to standards for EMS. The assessments were used to measure compliance levels and to develop a quality improvement plan per EMS station. Poor infrastructure remains a major challenge nationally. A national assessment of all public EMS stations was undertaken during this reporting period, which will inform the national infrastructure development project. To this end, the sub-programme, together with the Free State Department of Health: EMS, developed general specifications and floor plan requirements for small, medium and large EMS stations, ensuring compliance with the EMS Regulations. Four of our public EMS Colleges have either received accreditation or are in advanced stages towards accreditation from the Council for Higher Education, the South African Qualifications Authority, and the Health Professions Council of South Africa, to offer EMS programmes on the Higher Education Qualifications Sub-framework.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output indicator	Audited actual achievement 2023/2024	Planned target 2024/2025	Actual achievement 2024/2025	Deviation from planned target to actual achievement 2024/2025	Reasons for deviations
Quality and safety of care improved	District hospitals qualify as Ideal Hospitals	Number of district hospitals that qualify as Ideal Hospitals	New indicator	25 district hospitals qualify as Ideal Hospitals	7 district hospitals qualify as Ideal Hospitals	-18 district hospitals	The Programme underestimated the capacity gap that resulted from austerity measures at the national, provincial and district levels, leading to inadequate support and oversight to district hospitals.
Quality and safety of care improved	PHC facilities that qualify as Ideal Clinics	Number of PHC facilities that qualify as Ideal Clinics	2 706 PHC facilities that qualify as Ideal Clinics	2 700 PHC facilities that qualify as Ideal Clinics	2 762 PHC facilities that qualify as Ideal Clinics	+ 62 PHC facilities	Continuous technical support and monitoring of quality improvement plans by District Perfect Permanent Team for Ideal Clinic Realisation and Maintenance teams.
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Community outreach services: household visits conducted	Number of community outreach services: household visits	19 549 643	14 000 000	20 129 631	+6 129 631	Prioritisation of the programme in weekly district meetings.
Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Compliance assessment tool for assessing compliance of municipalities to national environmental health norms and standards revised	Updated draft Municipal Compliance Assessment Tool developed	New indicator	Draft revised assessment tool developed	Draft revised assessment tool developed	None	Not applicable
Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Districts and Metropolitan municipalities compliant with National Environmental Health Norms and Standards	Number of Metropolitan and District Municipalities assessed for compliance with National Environmental Health Norms and Standards	26 Metropolitan and District municipalities were assessed for compliance with National Environmental Health Norms and Standards	10 Metropolitan and District Municipalities assessed for compliance with National Environmental Health Norms and Standards	10 Metropolitan and District Municipalities assessed for compliance with National Environmental Health Norms and Standards	None	Not applicable
Quality and safety of care improved	9 provinces assessed for compliance with Regulations relating to standards for Emergency Medical Services	Number of provinces assessed for compliance with Regulations relating to standards for Emergency Medical Services	9 provinces assessed for compliance with Regulations relating to standards for Emergency Medical Services	9 provinces assessed for compliance with Regulations relating to standards for Emergency Medical Services	9 provinces assessed for compliance with Regulations relating to standards for Emergency Medical Services	Not applicable	Not applicable

Strategy to overcome areas of under-performance

The Department will prioritise the filling of vacant posts in the District Health Services sub-programme during the new financial year to augment capacity for oversight of district hospitals.

Linking performance with budgets

Five of the six outputs of this Programme were fully achieved, whereas the remaining output was not fully achieved. The table below reflects expenditure of 99,4%.

Sub-programmes	2024/2025			2023/2024	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme management	4 045	2 772	1 273	6 487	3 936
District Health Services	3 254 047	3 253 477	570	2 948 815	2 947 602
Environmental and Port Health Services	42 381	27 932	14 449	27 422	26 965
Emergency Medical Services and Trauma	11 841	11 344	497	11 346	11 300
Total	3 312 314	3 295 525	16 789	2 994 070	2 989 803

2.4.5 Programme 5: Hospital Systems

Purpose: To develop national policy on hospital services and responsibilities by level of care; provide clear guidelines for referral and improved communication; develop specific and detailed hospital plans; and facilitate development and implementation of quality improvement plans for hospitals. The programme is also responsible for the management of the national tertiary services grant and ensures that planning of health infrastructure meets the health needs of the country.

There are three budget sub-programmes:

- Health Facilities Infrastructure Management
- Hospital Systems (Hospital Management; Tertiary Health Policy and Planning)
- Quality Assurance

Health Facilities Infrastructure Management sub-programme

The infrastructure sub-programme is responsible for two conditional grants which are used to maintain, revitalise and build new public health infrastructure. The two grants are as follows: i) the Health Facility Revitalisation Grant is Schedule 5 transferred directly to Provinces, and ii) the National Health Insurance Indirect Grant: Health Facility Revitalisation Component (In-kind Grant) is Schedule 6 implemented at National level.

The sub-programme achieved the set targets for the two 2024/25 APP indicators on 'PHC facilities revitalised' and 'public health facilities maintained', while the indicator on 'hospitals revitalised' achieved only 96%. Three newly constructed PHC facilities were completed during the period under review (i.e. Bankhara Clinic in the Northern Cape, Villiersdorp Clinic in the Western Cape, and Casteel Clinic in Mpumalanga). The performance of these grants is illustrated as follows:

Health Facility Revitalisation Grant (HFRG)

The Health Facility Revitalisation Grant is funding health infrastructure projects ranging from new and replaced facilities; upgrades and additions; refurbishment, rehabilitation and renovations; to maintenance and repairs. The infrastructure types for these categories range from hospitals, clinics, community health centres, Emergency Medical Service (EMS) stations, mortuaries, nursing

colleges, laundries, staff accommodation, and other infrastructure-related projects, including procurement of health technology equipment. The total allocated budget for the 2024/25 financial year as gazetted on the Division of Revenue Act of 2024 is R7 191 171 billion, and the total expenditure is R7 154 207 billion (99%).

ii. National Health Insurance Indirect Grant: Health Facility Revitalisation Component (In-Kind Grant)

Established in the 2013/14 financial year, this grant was created as an alternative mechanism to enhance infrastructure-related spending, performance, and monitoring and evaluation in preparation for the roll-out of NHI. It also aims to strengthen institutional capacity and capability to deliver infrastructure under the NHI framework.

The current project portfolio includes several large-scale hospital capital projects, most of which are already under construction. For the 2024/25 financial year, 98% of the allocated budget of R1.4 million was spent. The under-expenditure was primarily due to the under-utilisation of ring-fenced funds for the Limpopo Central Hospital and the lack of flexibility to re-allocate funds from under-performing to over-performing projects during the final quarter of the financial year.

A more streamlined portfolio will be carried into the Medium-Term Expenditure Framework (MTEF) cycle during the 2025/26 financial year, with another project (Siloam Replacement) transitioning to funding through the Budget Facility for Infrastructure (BFI). The remaining projects within the portfolio remain large and complex, requiring significant budget allocations in the MTEF and beyond to maintain progress. As a result, some projects have been temporarily placed on hold to ensure adequate cash flow for those already under construction.

Hospital Systems (Hospital Management: Tertiary Health Planning and Policy) sub-programme

This sub-programme is responsible for providing strategic direction on hospital management; improving hospital management, governance and leadership; developing, reviewing, monitoring and evaluating legislation that guides the management of hospitals in provinces; and ensuring provision of quality health services and patient safety.

During the 2024/25 financial year, the sub-programme continued with the development of a Hospital Strategy document, in line with the urgent need to improve hospital management, governance and leadership as a step towards improving hospital performance and ensuring quality and safety of care. The Draft Hospital Strategy document was taken through a provincial consultation process, and the final draft strategy was presented and adopted at the Technical Advisory Committee of the National Health Council (Tech NHC), which recommended addition of provincial implementation plans in the strategy. The final strategy document will be presented to the NHC during the 2025/26 financial year.

The sub-programme appointed a new Director for Hospital Management and ensured that the National Hospital Management Co-ordinating Committee and the Chief Executive Officers Forum are functional.

Quality Assurance sub-programme

This sub-programme is responsible for developing and overseeing the implementation of legislation, policies, systems, and norms and standards for quality improvement in all health establishments. The sub-programme oversees the implementation of patient experience of care (PEC) surveys, patients' complaints, compliments and suggestions (CCS), management of patient waiting times in public health establishments, patient safety incident (PSI) reporting, adverse events management, and infection prevention and control. The sub-programme is also responsible for the development of the National Quality Policy and Strategy (NQPS), providing guidance on conducting clinical audits and roll-out of the National Health Quality Improvement Plan (NHQIP).

During the 2024/25 financial year, 94.8% of public health establishments conducted annual PEC surveys and achieved an 82% patient satisfaction rate. In comparison to the previous financial year, patient access to healthcare services improved from 85.5% to 87.3%, while medicine availability and use remained constant at 94.7% and 94.5% respectively. Satisfaction levels in relation to patient waiting time, the cleanliness status of health establishments, and the values and attitudes of staff members towards patients regressed against the target of 90%. The uptake of the national guideline on management of patient waiting time is less than 14% in hospitals and 41% in PHC facilities.

The drafting of the NQPS commenced during the period under review, and the process of finalisation is under way, which will be followed by its passage through the approval process in the new financial year.

Since the inception of the CCS guideline in 2018/19, there is an overall improvement of a 42% compliance rate. The rate increased from 47% in 2018/19 to 89% in 2024/25 financial year. The number of complaints logged has increased from 24 724 in 2023/24 to 26 811 in 2024/25. Increased numbers of complaints are not necessarily an indication that the quality of services provided has regressed, but rather that more health facilities are reporting complaints, as is evident in the increased compliance rate.

For the 2024/25 financial year, 25 643 of the 26 811 (96%) complaints that were lodged by provinces were resolved. Of the complaints that were resolved, 24 425 (95%) were resolved within 25 working days.

Since the inception of the PSI reporting and learning guideline in 2018/19, the compliance rate for PSIs has increased from 37% in 2018/19 to 88% in 2024/25 financial year, with an overall improvement of 51% since inception. The number of PSIs reported has decreased for South Africa from 29 552 in 2023/24 to 27 865 in 2024/25. It is important to recognise that high levels of reporting are not necessarily indicative of a less safe environment for the patients but instead could highlight a good reporting culture. For the 2024/25 financial year, 26 811 of the 27 865 (96%) PSI cases reported by provinces were closed. Of the PSI cases that were closed, 26 552 (99%) were closed within 60 working days. Of the 27 856 PSI cases reported in 2024/25, 7 199 were classified as severity assessment code (SAC) 1 (death or severe injury), and of those, 6 551 (91%) were reported to the next level within 24 hours.

The Infection Prevention and Control (IPC) arm of the sub-programme participated in the second Joint External Evaluation that was conducted in September 2024 by a team of external experts with international experience in diverse technical areas. Upon reviewing and discussions on the definition of an active programme and considering the WHO minimum requirements, several key gaps were identified, including the lack of a dedicated budget, absence of an IPC structure, and the absence of budgeted workplans at national and subnational levels.

The Department has made provision for healthcare quality improvement with the introduction of the NHQIP, which is aimed at health system strengthening through establishment of Quality Learning Centres (QLCs). These QLCs are made up of health establishments (both public and private) within a specified geographic area. Their main purpose is to share resources and good practices, discuss matters that affect the referral pathway, and bring about integration and changing of mindsets towards provision of continuous quality of health care.

There is also a significant improvement in compliance of health establishments to inspections conducted by the Office of Health Standards Compliance (OHSC) at public and private health facilities. This forms another integral part of the initiative to ensure that health establishments are certified to offer NHI-accredited health services. A total of 422 QLCs were established across eight provinces, since the Western Cape Province opted not to participate in the NHQIP. Currently the programme involves inclusion of EMS and integration of the private sector into the QLCs. To date, 93% of higher-level hospitals conducted self-assessments with the aim of improving the quality and safety of care. Some health establishments did not report due to closure or re-purposing by the provinces, while registration information for the other hospital was not updated on the District Health Information System.

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for Deviations
Improved quality and safety of care	Hospital Strategy document	Hospital Strategy document developed	Hospital Strategy concept document is finalised	Draft Hospital Strategy finalised	Draft Hospital Strategy presented and adopted at NHC Tech with recommendations that each province should develop implementation plans	Draft Hospital Strategy not finalised	The strategy is not finalised due to the recommendation to add nine provincial implementation plans.
Quality and safety of care Improved	Public health facilities implementing the National Health Quality Improvement Programme	Proportion of public hospitals implementing the National Health Quality Improvement Programme	2907 PHC facilities and 270 hospitals implementing the National Health Quality Improvement Programme	100% hospitals implementing the National Health Quality Improvement Programme	93% hospitals implementing the National Health Quality Improvement Programme	-7% hospitals	Some TB hospitals have been closed and merged with general hospitals. One central hospital delayed loading the assessment results in the system.
Financing and delivery of infrastructure projects improved	PHC facilities constructed or revitalised	Number of PHC facilities constructed or revitalised	45 PHC facilities Constructed or revitalised	42 PHC facilities constructed or revitalised	47 PHC facilities constructed or revitalised	+5 PHC facilities	5 additional projects completed
Financing and delivery of infrastructure projects improved	Hospitals constructed or revitalised	Number of hospitals constructed or revitalised	30 hospitals constructed or revitalised	50 hospitals constructed or revitalised	46 hospitals constructed or revitalised	-4 hospitals	Revitalisation work in the operational hospitals takes time, and four of the projects failed to reach completion stage.
Financing and delivery of infrastructure Projects improved	Public health facilities (clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Number of public health facilities (clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	299 public health facilities (clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	400 public health facilities (clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	403 public health facilities (clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	+3 public health facilities	Additional projects completed

Strategy to overcome areas of under performance

The nine provincial implementation plans will be added to the draft Hospital Strategy and presented to the National Health Council during 2025/26. With regard to implementation of the NQIP, provinces will manage their database to close and remove the TB hospitals from the information system list. The NDoH will continue to encourage responsible hospital managers to load the assessment results in the system on time. On infrastructure projects, the NDoH continues to work with provinces to load

data onto the Project Management Information System reporting tool on time and also encourages provinces to monitor construction work closely and apply penalties to the failing contractors.

Linking performance with budgets

Two of the five outputs of this Programme were fully achieved, whereas the remaining three outputs were not fully achieved. The table below reflects expenditure of 99,8%.

	2024/2025			2023/2024	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	5 505	3 052	2 453	5 547	3 201
Health facilities infrastructure management	8 626 989	8 584 594	42 395	8 096 995	8 095 996
Hospital management	15 273 015	15 272 975	40	14 033 466	14 031 628
Total	23 905 509	23 860 621	44 888	22 136 008	22 130 825

2.4.6 Programme 6: Health System Governance and Human Resources

Purpose: Develop policies for planning, managing, training and development of the health sector through human resources planning, monitoring, evaluation and research in the sector. Provide oversight of all public entities in the sector and of statutory health professional councils in South Africa.

There are five budget sub-programmes:

- Policy Co-ordination and Integrated Planning
- Health Information, Epidemiology, Research, Monitoring and Evaluation
- Human Resources for Health
- Nursing Services
- Public Entities Management

Policy Co-ordination and Integrated Planning sub-programme

This sub-programme provides advisory and strategic technical assistance on policy and planning, co-ordinates the planning system of the health sector, and supports policy analysis and implementation.

During the 2024/25 financial year, the sub-programme co-ordinated sector contributions towards the development of the Medium-Term Development Plan for 2024-2029, which serves as an implementation plan for the National Department Plan 2030 for the seventh Administration. The MTDP informed the development of the Department's Strategic Plan for 2025-2030, which culminated in 21 strategic outcomes aligned with the four health sector priorities. To foster integrated planning for the sector, a national strategic workshop was convened with provinces to pave the way for sector coherence in responding to the priorities of the Administration. In addition, a district planning workshop was convened to identify areas for improvement in planning, in an effort to promote effective

implementation of plans across the three spheres of government.

Health Information, Epidemiology, Research, Monitoring and Evaluation sub-programme

This sub-programme develops and maintains an integrated national health information system, commissions and co-ordinates research, co-ordinates epidemiology and surveillance, and monitors and evaluates departmental and strategic health programme performance.

South Africa has transitioned to a web-based District Health Information System (DHIS2/WebDHIS), using a phased approach to capture data for all fixed public health facilities at the lowest level of care. As of 31 March 2025, the facility level online data capturing for the country was 97%, with hospitals at 100% and PHC facilities at 96% across the eight provinces that are implementing the DHIS.

As part of the DHIS capacity building, training was developed to take a cohort of provincial data managers through a two-year, six-module programme to equip them as Provincial Database Managers with the skills necessary to manage WebDHIS effectively, thus ensuring high-quality data for monitoring, evaluation and planning. This training commenced in July 2023 and ended in October 2024, with 32 Provincial Database Managers and 12 web experts completing the course. The certificates were awarded on 20 March 2025 to the 44 officials who successfully completed the training programme.

During the reporting period, the sub-programme co-ordinated the process of implementing an Integrated Disease Surveillance and Response (IDSR) Strategy for the country. A phase-one IDSR pilot project entails implementation of the Event-based Surveillance (EBS) system for reporting priority diseases, conditions and events, and this was conducted in three provinces: Mpumalanga (Ehlanzeni District), KwaZulu-Natal

(uMkhanyakude and King Cetshwayo Districts), and Free State (Mangaung District). The EBS system will help to strengthen early warning and response and ensure that any public health threats can be detected early and responded to promptly. It is expected that full roll-out of EBS in other provinces will commence during the 2025/26 financial year.

In the process of resource mobilisation, the sub-programme secured approximately R100 million from the pandemic fund to support implementation of surveillance activities in the country. The funding is managed by the WHO, and will be disbursed to various delivery partners, including the Johns Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO), the South African National AIDS Council (SANAC), the Clinton Health Access Initiative (CHAI), the NICD, the NHLS and the SAMRC.

During the period under review, the country experienced an unusual outbreak of foodborne illnesses that took the lives of young children. In response to this, the sub-programme co-ordinated a process to amend the Regulations relating to surveillance and control of notifiable medical conditions (NMCs). The amendment included changing agricultural and stock remedy poisoning from Category 2 NMCs to Category 1 NMCs. This means that healthcare providers are now required to report cases within 24 hours of diagnosis, rather than the previous seven-day timeframe. This change prioritises public health surveillance and rapid response to potential outbreaks or widespread incidents of poisoning.

The Epidemiology and Surveillance Directorate of this sub-programme is serving in the South African Field Epidemiology Training Programme that aims to build epidemiological capacity in the country. Additionally, it was recently nominated to serve in the Africa CDC Continental Disease Surveillance Technical Advisory Committee that was established to strengthen surveillance systems in the African continent.

The major milestones achieved by the National Health Research Council (NHREC) during the 2024/25 financial year was the publication and launch of the South African Ethics in Health Research Guidelines. The amended guidelines include sections on research ethics relating to the use of Generative Artificial Intelligence, big data processing, and the wide range of methodologies available to researchers. As part of these revisions, sections that are relevant to the Animal Research Ethics Committees (ARECs) have also been updated to include new minimum requirements for the composition of ARECs and to align with the SANS 10386:2021 where appropriate.

The sub-programme is responsible for developing and monitoring the National Indicator Dataset (NIDS). The District Health Management Information (DHMIS) policy requires that the NIDS be revised every two years. The rationale for the review of the NIDS is to evaluate the relevance of the current set of indicators in line with health priorities, and to keep the NIDS as minimal as possible to improve the quality of the data collected. During 2024/25, the sub-programme successfully co-ordinated the process to finalise the revision process of the NIDS 2023, following

review consultations which commenced during 2023/24. The NIDS contains critical data elements and indicators that are collected, reported and used for tracking health system performance, planning and decision-making. This review process was completed in collaboration with National, Provincial and District Health programmes.

The revised NIDS 2025 was assessed by the Technical Working Group consisting of experts in various health programmes to ensure the relevance and alignment of the modifications. The revised NIDS 2025 was then approved on 31 October 2024 by the Technical Advisory Committee of the National Health Council, for implementation from 1 April 2025 until 31 March 2027. Part of preparations for the NIDS implementation entails conducting workshops for training of trainers and users at national and provincial/district levels before implementation commences.

The sub-programme convened a three-day National Master training workshop (Training of Master Trainers), in January 2025. All nine provinces were represented to form part of a core training team (Master Trainers) to lead and facilitate the roll-out of district-level NIDS 2025 training workshops, which were convened during the last quarter of the financial year. The aim of these workshops was to train implementers and users at various levels of the health system on the NIDS data elements and indicators in preparation for implementation in health facilities.

Human Resources for Health sub-programme

This sub-programme is responsible for health workforce planning, development and management in the public health sector. This entails facilitating implementation of the National Human Resources for Health Strategy, health workforce capacity development for sustainable service delivery, and co-ordination of transversal human resources management policies and provision of in-service training for the health workforce.

During the 2024/25 financial year, the sub-programme conducted consultations with key stakeholders across provinces to assess the implementation of the Human Resources for Health (HRH) policies focusing on the Commuted Overtime and Remunerated Work Outside Public Service. Three National Human Resource Committee (NHRC) meetings were convened, with all provinces participating to discuss transversal matters including policy implementation.

The Health Worker Consultative Advisory Forum (HWCAF) was launched in line with 2030 HRH Strategy to provide expert guidance and insight to support the Department in implementing the HRH Strategy and addressing critical issues related to Workforce Planning, Development and Sustainability.

During the period under review, three data exchange agreements with primary data sources for the Human Resources Information System (HRIS) were concluded and implemented, i.e. the South African Local Government Association (SALGA), the South African Pharmacy Council (SAPC) and the South African Nursing Council (SANC).

Training of new users of the HRIS commenced, covering all districts.

Through the Internship and Community Service Programme (ICSP) online system, a total of 9 541 newly qualified health professionals were employed in the public sector, which includes the South African Military Health Services (SAMHS) and Department of Correctional Services. This total comprised 2 254 medical interns and 7 287 community service health professionals across the 17 fields of study, to complete their statutory obligatory years of service as required by law.

A total of 103 medical practitioners graduated from the Nelson Mandela Fidel Castro (NMFC) Programme, adding to the capacity of medical doctors in the country.

A National and Provincial Health Co-ordinating Forum for Employee Health and Wellness Programme was established in line with Goal 5 of the 2030 HRH Strategy to promote the physical, mental and social well-being of employees through regular engagement and collaboration.

The second Joint External Evaluation which assessed South Africa's level of attainment of the International Health Regulations core capacities – including HRH capacity - using the WHO IHR Joint External Evaluation tool was conducted in September 2024 by a team of external experts. Areas of improvement for HRH were identified, and these include the development and implementation of a multi-sectoral health workforce strategy and guidelines on surge capacity development and management to ensure the availability of competent and skilled personnel during emergencies.

Additionally, a draft Policy on the International Pursuit of Healthcare Science Education by South African Citizens was developed. This policy provides guidance to South African citizens seeking to pursue undergraduate and postgraduate healthcare education internationally, with the aim of ensuring that their eligibility to practise in South Africa upon their return. The next phase of the policy development process will involve comprehensive consultations with internal and external stakeholders to refine and finalise the policy framework.

Nursing Services sub-programme

This sub-programme is responsible for developing, guiding and monitoring the implementation of a national policy framework for building the nursing skills and capacity required to deliver effective nursing services to healthcare users. The sub-programme also focuses on ensuring a consistent supply of adequate numbers of nursing professionals with the required skills-mix to contribute to the goal of a long and healthy life for all.

During 2024/25 financial year, the sub-programme facilitated the development of differentiated nursing education and training plans. These plans seek to ensure

that appropriate categories of nurses are produced in the numbers required to meet the demand for health services in each province. The plans further address under- or over-production of certain categories of nurses, which poses a risk to staffing levels and quality of care. In addition, a national competency framework to inform a programme designed to optimise the managerial, leadership and clinical governance role of nurse managers at all levels of care was finalised.

Public Entities Management sub-programme

This sub-programme is responsible for supporting the executive authority's oversight function, and guides health public entities and statutory health professional councils (health councils) that fall within the mandate of health legislation with regard to planning and budget procedures, performance and financial reporting, remuneration, governance, and accountability.

During the 2024/25 financial year, the sub-programme continued to provide strategic support to the executive authority in fulfilling the oversight responsibilities over public health entities and statutory health professional councils. During the reporting period, the sub-programme ensured the alignment of planning and budgeting processes across these bodies with broader health sector priorities and legislative mandates.

The key focus areas include monitoring and guiding performance and financial reporting to ensure compliance with the Public Finance Management Act (PFMA) and other applicable regulatory frameworks. The sub-programme also facilitated the implementation of governance frameworks aimed at strengthening accountability mechanisms and enhancing institutional performance.

Particular emphasis was placed on improving corporate governance practices through the establishment of effective governance structures for the regulation of health professionals and health products, to ensure public protection and the provision of critical laboratory and diagnostic services that support clinical care and disease surveillance.

During the period under review, the Minister made key appointments to ensure continued oversight and leadership of some of the health entities and the health council. These include extension of the South African Health Products Regulatory Authority (SAHPRA) Board for a period of nine months, appointment of a new South African Dental Technicians Council (SADTC) for a five-year term, and the re-appointment of six members to the Board of the National Health Laboratory Service (NHLS). Through these efforts, the sub-programme contributed to improved governance, enhanced regulatory effectiveness, and strengthened accountability within the health sector.

Outcomes, outputs, output indicators, targets and actual achievements

Table1: report against the tabled Annual Performance Plan

Out-come	Output	Output indicator	Audited Actual Achievement 2023/2024	Planned Target 2024/2025	Actual achievement 2024/2025	Deviation from Planned Target to Actual Achievement 2024/2025	Reasons for deviations
Quality and safety of care improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	South African Health Products Regulatory Authority (SAHPRA) Board appointment recommendations made prior expiry of the term of office	Four (4) Boards/Council appointments made prior expiry of the term of office (SAPC, SANC, ITHPCSA and CMS)	South African Health Products Regulatory Authority (SAHPRA) Board appointed for the new three-year term of office	The term of the SAHPRA Board was extended for nine months, ending 30 June 2025. The call for nominations for the SAHPRA Board was published in the Government Gazette and newspapers.	The SAHPRA Board was not appointed for the new three-year term of office	The SAHPRA Board could not be appointed for the new term, as the current Board's extended tenure only expires on 30 June 2025. The extension was to allow the new administration sufficient time to initiate and complete the process of appointing a new Board for the next term.
Quality and safety of care improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	The National Health Laboratory Service (NHLS) Board appointment recommendations made prior expiry of the term of office	Four (4) Boards/Council appointments made prior expiry of the term of office (SAPC, SANC, ITHPCSA and CMS)	The National Health Laboratory Service (NHLS) Board appointed for the new three-year term of office.	The National Health Laboratory Service (NHLS) Board appointed for the new three-year term of office.	None	Not applicable
Quality and safety of care improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	The South African Dental Technicians Council (SADTC) appointment recommendations made prior expiry of the term of office	Four (4) Boards/Council appointments made prior expiry of the term of office (SAPC, SANC, ITHPCSA and CMS)	The South African Dental Technicians Council (SADTC) appointed for the new five-year term of office	The South African Dental Technicians Council (SADTC) appointed for the new five-year term of office	None	Not applicable
Quality and safety of care improved	Improved Entities Audit outcomes	Number of audit action plans monitored	New indicator	5 audit action plans monitored	3 audit action plans monitored (Mine and Works Compensation Fund, South African Health Products Regulatory Authority, and Council for Medical Schemes)	2 audit action plans were not developed for the two entities, namely OHSC and SAMRC, as both received clean audit outcomes.	Not applicable
Quality and safety of care improved	Differentiated Nursing Education and Training Plans developed	Number of differentiated Nursing Education and Training plans developed	9 public Nursing Colleges supported to develop curricula for prioritised Nurse and Midwife Specialist Training programmes	9 Differentiated Nursing Education and Training plans developed	9 Differentiated Nursing Education and Training plans developed	None	Not applicable
Quality and safety of care improved	Food Labelling legislation revised	Draft Food Labelling Regulations submitted for legal review	Comments on the Draft Food Labelling Regulations were captured and analysed	Draft set of final Food Labelling Regulations submitted to legal services	Commenced edits and amendments to Draft Food Labelling Regulations	Draft set of final Food Labelling Regulations not submitted to legal services	An additional comments period, multiple versions of comments and a substantial number of comments as well as additional stakeholder consultations were needed due to time lapse and multiple other Regulators' developments delayed finalisation as planned.

Strategy to overcome areas of under-performance

The New SAHPRA Board will be appointed before the extended term of office expires. The advert to call for nominations of members was published for interested parties to submit nominations for the new term, effective 1 June 2025. Edits and amendments to the Draft Food Labelling Regulations will be prioritised during the new financial year.

Linking performance with budgets

Four of the six outputs of this programme were fully achieved, whereas the remaining two outputs were not fully achieved. The table below reflects expenditure of 99,8%.

Sub-programmes	2024/25			2023/24	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	8 326	4 833	3 493	7 367	5 000
Policy and Planning	9 599	8 441	1 158	5 795	5 468
Public Entities Management and Laboratories	1 896 792	1 885 403	11 389	1 860 261	1 848 677
Nursing Services	10 056	9 665	391	10 319	10 229
Health Information, Monitoring and Evaluation	63 388	62 526	862	67 121	58 492
Human Resources for Health	5 540 347	5 540 241	106	5 501 745	5 501 229
Total	7 528 508	7 511 109	17 399	7 452 608	7 429 095

2.5 Transfer payments

Transfer payments to Public Entities

Name of the public entity	Key outputs/ser-vice rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
The Mines Works and Compensation Fund (MWCF) is administered by the Compensation Commissioner for Occupational Diseases (CCOD) in Mines and Works.	The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures.	R4 466	R3 063	The total amount comprises two transfer payments of R1 813 000.00 and R2 652 831.59. The transfer payment of R1 813 000 is mainly for the payment of monthly pensions to ex-mine workers and their widows in terms of sections 79 and 83 of the ODMWA of 1973. For the 2024/25 financial year, 18 pensioners were each eligible for a maximum monthly pension payment of R2 221.00. The transfer payment was not fully utilised because monthly pensions were paid to only those pensioners who submitted life certificates. Those who did not submit life certificates will be paid all outstanding cumulative pensions as and when they finally submit their life certificates. The transfer payment of R2 652 831.59 is for the revenue loss recovery from the National Treasury as required by ODMWA Section 74(a). The transfer payment was duly approved by the National Treasury and was fully utilised by the CCOD.

Name of the public entity	Key outputs/ser-vice rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
South African Medical Research (SAMRC)	To improve the nation's health and quality of life through promoting and conducting relevant and responsive health research	R724 161 (excl. VAT)	R724 161 (excl. VAT)	The SAMRC is committed to a high standard of corporate governance as evidenced by nine clean audits over the past 10 years, and recognises its accountability to Parliament, the NDoH, the public, funders and other relevant stakeholders, and the standards and expectations for the SAMRC to act lawfully, responsibly, ethically and with integrity. The organisation has adopted the integrated Talent Management Framework which seeks to enhance and embed a talent-driven and people-first culture that promotes a conducive and supportive working environment through a range of HR activities associated with attracting, appointing, developing, and retaining employees for positive employee experience and optimising the performance of the SAMRC, while transforming the equity profile to reflect the demographics of the country. The SAMRC has consistently exceeded targets for scholarly research outputs and research and innovation support. These outcomes support the SAMRC's commitment to improve health and quality of life and the advancement of science in South Africa through research. The SAMRC supports the importance of open access to science and research; as such, about 80% of the publications produced by SAMRC-affiliated researchers and those researchers who acknowledge support from the SAMRC were published in Open Access journals. A study conducted by the SAMRC Environment and Health Research Unit has brought new attention to the growing risks posed by extreme heat exposure in one of South Africa's most widely used transportation systems — the minibus taxi sector. The SAMRC is home to and funder of Grand Challenges in health and innovation in South Africa, and in 2024, together with the GC Network, launched the first Artificial Intelligence funding calls on catalysing equitable AI use for improved global health outcomes. The successful AI-led innovation projects cut across clinical decision support, health systems strengthening, health communications and patient journeys, support to frontline workers, public health and policymaking, clinical trials, diagnostics, and population health. The SAMRC and Thermo Fisher Scientific signed a memorandum of agreement to address scientific knowledge gaps and strengthen research capabilities in South Africa and across Africa. This initiative is also supported by the Department of Science, Technology and Innovation and represents a collaborative effort to empower emerging African scientists through cutting-edge molecular training, hands-on experience, and access to advanced laboratory technologies. In line with the NDoH statement on Mpox calling for collaboration to prevent further spread of this infectious but treatable disease and the loss of lives, the SAMRC hosted a meeting with scientists from around the country with an interest in Mpox research to jointly discuss the priorities for research in Mpox and to focus on pioneering collaborative research and to avoid duplication of effort. This was followed by a call for proposals and the award of six new grants for Mpox research and development. SAMRC launched its history book titled <i>A Widening Idea of Health and Health Research: The SAMRC from Creation to COVID</i>. The book tracks accelerating change in the SAMRC, placing it in its wider medical, scientific, political and socio-economic health landscape, and describes the steps and missteps during the eras of apartheid, transition to democracy, post-apartheid, and the pandemics of HIV/AIDS, COVID-19, and TB. The SAMRC Scientific Merit Awards celebrated 11 years of recognising excellence in health research. The awards are made in honour and celebration of the exceptional scientific minds behind the research, their pioneering work, and scientific excellence in their contributions within the field of health research.

Name of the public entity	Key outputs/service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Council for Medical Schemes (CMS)	Regulation of the Medical Schemes Industry with reference to alignment with NHI processes	R 6 151	R 6 151	To help members of medical schemes better understand their benefit entitlements, CMS scripts were published and included: Burns; Bipolar mood disorder; Disclosure of information and waiting periods; Focus on attempted suicide; Understanding and managing pain; Prescribed Minimum Benefits; Coding and funding of claims; Anorexia nervosa; Bulimia nervosa; Blood transfusion; Crohn's disease and ulcerative colitis. A total of 25,979 complaints were processed by the CMS' Customer Care Centre during the period under review. Ten reports of research projects that support national health policy by addressing key areas such as healthcare access, financing and service quality were published. Studies on persistent inequalities highlight disparities in access, supporting equity-driven reports on government-funded medical schemes and medical schemes as mutual societies provide insights into public-private partnerships for universal coverage. Research on pre-authorisation effects and willingness to pay for PHC informs regulatory changes to enhance affordability and efficiency. Additionally, analyses of quality of care, audit firms in medical schemes, and Designated Service Provider (DSP) value propositions strengthen governance, transparency and cost-effectiveness in healthcare delivery. The reports also examine Prescribed Minimum Benefits (PMBs), defining essential benefits and aligning the PMB PHC package with the NHI PHC package to ensure continuity of care and financial protection. The development of Low-cost Benefit Options guidelines and recommendations was also concluded. The final report was handed over to the Minister of Health. Continued support was provided by the CMS for the National Health Accounts (NHA) project and bi-annual data submissions to SANAC. These reports align with national priorities, providing evidence-based recommendations for improving access, affordability and service efficiency under South Africa's evolving healthcare landscape. During the review period, 84% of main rule amendments were processed within 14 days of receiving all required information, and 100% of benefit and contribution adjustment amendment submissions were processed before December 31 of the same year. Of the 4,734 broker and broker organisation applications received during the period under review, 4,356 were accredited within 30 working days of receipt of complete information, resulting in an over-achievement of 92.02% against the target of 80%.

Name of the public entity	Key outputs/service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost-effective laboratory services to all public clinics and hospitals.	R 598 842	R 343 536 413 439 544 R124 million The NHLS is also cross subsidising the National Institutes.	A portion of the transfer payment was utilised to subsidise, in part, the time spent by NHLS academics in the teaching and training of students. The NHLS trained 64 registrars, 31 intern medical scientists, and 285 intern medical technologists, and conducted research in the field of pathology medicine, publishing 688 peer-reviewed articles. The pass rate for registrars increased from 43,9% in 2019 to 67% in 2023. The programme supported the accreditation of 139 national central, provincial, tertiary, regional and district laboratories. To advance teaching, training and knowledge sharing, the NHLS introduced a workforce skills development initiative that utilises the Project Extension for Community Healthcare Outcomes (Project ECHO) video-conferencing platform to support the teaching and training platform and enhance consultative initiatives. To date, the NHLS Project ECHO has been effectively implemented in 92 hubs, spokes and mini-hub sites at regional, tertiary and national central laboratories in eight provinces. In the 2024/25 financial year, all NICD laboratories were SANAS-accredited and transversal departments were ISO 9001 certified. Staff generated new knowledge and disseminated information through 174 peer-reviewed articles. The NICD continued to train field epidemiologists to increase capacity in an area where there is a current shortage and expand epidemiological training. Surveillance on key pathogens through laboratory-based surveillance and syndromic surveillance for pneumonia, influenza-like illness and diarrhoea is ongoing. Laboratory isolates for bilharzia and soil helminth surveillance from stool and urine commenced in Limpopo and Mpumalanga Provinces. The Outbreak Response Unit and Provincial Epidemiology Team has played a pivotal role in supporting and providing technical and epidemiological expertise to NICD Centres and the National and Provincial Departments of Health, particularly with regard to the cholera outbreak in Gauteng and Limpopo; conjunctivitis in KwaZulu-Natal; food-borne outbreaks in several provinces (Gauteng, Limpopo, Mpumalanga, Eastern Cape), a measles outbreak in Mpumalanga in the private sector, and an Mpox outbreak in Gauteng. The Centre for HIV and STIs' routine STI sentinel surveillance was performed in three provinces, including Alexandra PHC in Gauteng Province, Prince Cyril Zulu PHC in KZN, and Spencer Road Clinic in Western Cape Province. The Centre for Vaccines and Immunology monitored the measles and the extensive rubella outbreaks for the year in the various provinces. Wastewater surveillance was expanded to include additional pathogens. The National Institute for Occupational Health (NIOH) was declared a Centre of Excellence nationally for its contribution to new knowledge- and information-generation through research and capacity-building. The NIOH remains the only entity in South Africa that has achieved and maintained four SANAS ISO accreditation standards. The NIOH three-year intervention study has been concluded to assess occupational exposures, oxidative stress, and the impact on health among petrol attendants in Johannesburg, South Africa. Support for emerging researchers and strengthening the research process have borne fruit, with 30 publications produced during the period under review. Of these, 28 were peer-reviewed journal articles and two were book chapters. A unique research thrust is to build capacity for evaluating wellness and disease using SANS standards to improve the quality of services. The NIOH maintained its registration as a training provider for the internationally recognised Occupational Hygiene Training Association (OHTA) training modules and delivered the OHTA 201 module in a hybrid format, completed by all candidates. These courses promoted collaboration within the NIOH. The NIOH provided street reclaimers with health and safety training to enhance their awareness of work environment hazards and how to protect themselves. During the 2024/25 financial year, the Forensic Chemistry Laboratories (FCLs) focused on building on achievements attained in increasing laboratory processing capacity, developing specific strategies to deal with the toxicology backlog, and strengthening quality assurance across the four laboratories. Improvements in the turnaround time for blood alcohol testing were achieved, and the FCLs exceeded the APP target, completing more than 80% of blood alcohol tests within the prescribed turnaround time. This was achieved by ensuring additional laboratory space, instruments and personnel in the prior year, and by establishing overtime shifts during the reporting period. The demand for food safety testing increased significantly following the Presidential Address on 15 November 2024 and the establishment of a NATJOINTS Committee in response to increased illnesses and deaths due to ingestion of foodstuffs contaminated with chemical substances, mainly pesticides. High numbers of food samples were received at the Cape Town and Pretoria FCLs for compliance testing and to determine contamination in food samples included in the investigations. With the increased service demand, challenges with breakdowns in analytic instruments utilised in food testing contributed to delays in the processing of food samples. Procurement of additional analytic instruments to strengthen food testing is under way to support the national initiative to expand food safety testing. To ensure high-quality services, the FCLs created additional positions of a Medical Scientist (toxicologist) to strengthen technical support and standardisation across the laboratories and a Quality Assurance Manager to ensure an effective quality management system that is integrated with the NHLS's Quality Assurance Division.

Name of the public entity	Key outputs/ser-vice rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Office of Health Standard Compliance (OHSC)	To protect and promote the health and safety of health services users	R181,599	R195,960 The amount spent is preliminary and unaudited. The amount will change as the financial statements are being finalised for audit submission by 31 May 2025.	During 2024/25 financial year, the OHSC conducted 715 routine inspections at public health establishments against a target of 689, and 97 at private sector health establishments against a target of 110. Health establishments that failed to meet minimum compliance requirements of regulated norms and standards were issued with compliance notices outlining the areas of breaches to be addressed. A total of 308 public and private health establishments were re-inspected to assess whether the areas of non-compliance with the minimum requirements of regulations had been remedied. Furthermore, the Office conducted three risk-based inspections in Helen Joseph Tertiary Hospital, Klerksdorp-Tshepong Provincial Tertiary Hospital, and Prince Mshiyeni Memorial Regional Hospital. A total of 1 373 health establishments were certified during the 2024/25 financial year. Of these, 1 012 were from routine inspections and 361 were from re-inspections. Enforcement actions were taken by issuing written warning letters against 35 health establishments that were found to be persistently non-compliant with the regulated norms and standards. Health establishments are certified when they meet the minimum compliance requirements against the regulated norms and standards. The Complaints Management Programme and Office of the Ombud facilitated the resolution of 95.67% (3 645/3 810) of low-risk complaints within 25 working days of lodgement in the call centre, and 69.1% (76/110) of medium-risk complaints were resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment. 48.78% (20/41) of complaints were resolved within six months through investigation, while 50% (16/32) of complaints were resolved within 24 months through investigation. The Central and Tertiary Hospital Inspection Tools were finalised and implemented, and the General Practice Inspection Tools were piloted, finalised, and are scheduled for implementation in May 2025. These tools were developed through a consultative process involving key stakeholders, including representatives from the relevant health establishments. To support implementation, the OHSC conducted guidance and support workshops, achieving 159% (43) of its set target of 27. A roadshow for central and academic hospitals was also held, which was well received by the implementers of the inspection tools. The Self-Assessment System for Private Acute Hospitals was launched, and 89% (212/227) of hospitals completed their self-assessments during the financial year. To support implementation and understanding, training materials — including instructional videos — were developed to assist implementers in navigating the inspection tools more effectively. The system was further enhanced to generate auto-populated Quality Improvement Plans based on the self-assessment results, enabling health establishments to address identified gaps efficiently. Additionally, a recommendations report was developed for the Northern Cape Province, focusing on the three most frequently non-compliant standards. This report was submitted to the province at the end of March 2025.
South African Health Products Regulatory Authority (SAHPRA)	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics, and related matters in the public interest	143 518	143 518	- 71% (67 of 93) budgeted positions were filled, including Community Service positions. - 85% of employees were trained on the planned learning and development initiatives. - 100% of the Enterprise Architecture Phase 2 was implemented. User Acceptance Testing on the Engagement Portal was conducted, and four core business processes were operationalised. - Of the 350 applications received, 46 (13%) were due for finalisation; 134 (100%) were finalised, of which 122 (100%) were finalised within 360 working days. - Of the 2,691 applications received, 149 (6%) were due for finalisation; 568 (100%) were finalised, of which 469 (100%) were finalised within 250 working days. - SABS ISO 9001 surveillance audit was conducted, and certification status is maintained. - Of the 5 123 applications received, 5 103 (100%) were finalised, and 4 749 (93%) of these were finalised within 20 working days. - 81% of regulatory compliance investigation reports were produced within 30 working days. - 96% of applications for the sale of unregistered Category A (human) medicines were finalised within three working days. - 91% of human clinical trial applications were finalised within 80 working days. - 107% of lot release requests were finalised within 50 working days. - 128.4% of medical device establishment licence applications were finalised within 90 working days. - 86% of applications for radionuclide authorities (licences) were finalised within 30 working days. - 92% of licence applications for listed electronic products were finalised within 30 working days. - 52% reports on health product safety signals were issued within 40 working days. - Two safety awareness campaigns were held.

Transfer payments to all Non-Profit Institutions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Department comply with the S38(1)(j) of the PFMA?	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent by the entity
Health Systems Trust	NGO	Provision of a grant to facilitate conduct of health systems research in areas of service delivery; health workforce information; medical products, vaccines and technologies; health financing; leadership and governance	Yes	R18,222	R18,222	N/A
Life Line	NGO	To manage the AIDS Helpline, which is a toll-free Call Centre. The Call Centre provides anonymous and confidential telephonic lay counselling, support and referral services 24 hours a day; it also offers HIV and TB treatment support to clinicians and serves as a helpdesk for the HIV Nerve Centre, which monitors operational issues such as availability of ARVs and test kits and lay counsellors in health facilities.	Yes	R27,288	R27,288	N/A
Lovelife	NGO	To support the Department in the implementation of HIV youth prevention interventions, including peer educators through GroundBREAKERS, Mp-intshis and live chat groups to facilitate dialogues and information-sharing among youth	Yes	R64,327	R63,953	The unspent funds are primarily attributed to savings realised from the movement of Ground-BREAKERS, as outlined in the approved business plan
National Council Against Smoking (NCSA)	NGO	To prevent tobacco use and promote tobacco cessation among users. NCAS manages a call centre that addresses queries and questions about tobacco and educates the public about tobacco use.	Yes	R1 221,000	R1 221,000	N/A
South African Renal Registry	NGO	To collate critical information on end-stage kidney disease and Renal Replacement Therapy (RRT) by the South African Renal Registry (SARR) to inform health service planning, research decision-making and delivery	Yes	R482,000	R482,000	N/A
Soul City	NGO	To support the Department in the implementation of HIV youth prevention interventions and contribute to the She Conquers Campaign. Soul City's focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women. (SHE Conquers)	Yes	R25,065	R17,578	R7.4 undisbursed funds were for stipends for Ground-BREAKERS and social mobilisation, events and campaigns.
South African Community Epidemiology Network on Drug Abuse (SACENDU)	SAMRC	To monitor trends in alcohol and drug abuse for the Department by gathering data from substance abuse treatment centres in the country	Yes	R703,584	R703,584	N/A
SA Council for the Blind	Eye Health NGO	To conduct cataract surgery to reduce the backlog in the private sector	Yes	R1 145,000	R1 145,000	N/A
South African Federation for Mental Health	NGO	To promote mental health in the population and ensure that mental healthcare users are integrated into the mainstream of community life and that their human rights in those communities are upheld	Yes	R512,000	R512,000	N/A
HIV & AIDS: NGOs	HIV&AIDS: NGOs	To form partnerships with NGOs rooted in communities to support the Department in extending health services	Yes	R64,832,000.00	R64,832,000.00	N/A
Alliance Against HIV&AIDS (AAHA)	HIV&AIDS: NGO	To implement prevention strategies and treatment adherence support, focusing on youth	Yes	R2,610,062.00	R2,610,062.00	N/A
Boithuti Lesedi Project	HIV&AIDS: NGO	To implement HIV testing services and prevention strategies	Yes	R2,565,827.00	R2,565,827.00	N/A
Centre for Positive Care (CPC)	HIV&AIDS: NGO	To implement HIV prevention strategies targeting sex workers.	Yes	R2,696,975.00	R2,696,975.00	N/A
Community Responsiveness Programme (CPR)	HIV&AIDS: NGO	To implement HIV prevention strategies and treatment adherence clubs	Yes	R2,309,960.00	R2,309,960.00	N/A
Educational Support Services Trust (ESST)	HIV&AIDS: NGO	To implement HIV prevention strategies, treatment adherence and TB / NCD screening	Yes	R3,189,987.00	R3,189,987.00	N/A

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Department comply with the S38(1)(j) of the PFMA?	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent by the entity
Essa Christian AIDS Programme	HIV&AIDS: NGO	To implement HIV prevention strategies and PLHIV (people living with HIV) support	Yes	R2,333,476.00	R2,333,476.00	N/A
Friends for Life	HIV&AIDS: NGO	To implement HIV prevention strategies and treatment adherence support	Yes	R2,637,322.00	R2,637,322.00	N/A
Get Down Productions	HIV&AIDS: NGO	To implement social mobilisation and demand creation for HIV counselling and testing, MMC (medical male circumcision) and NCD screening	Yes	R4,605,592.00	R4,606,592.00	N/A
Get Ready	HIV&AIDS: NGO	To provide psychosocial support and treatment adherence support	Yes	R2,082,738.00	R2,082,738.00	N/A
Highveld East AIDS Projects Support (HEAPS)	HIV&AIDS: NGO	To implement prevention strategies and treatment support	Yes	R3,686,674.00	R3,686,674.00	N/A
Humana People to People	HIV&AIDS: NGO	To implement HIV testing services, training and prevention strategies targeting sex workers and truckers	Yes	R2,461,198.00	R2,461,198.00	N/A
Leandra Community Centre	HIV&AIDS: NGO	To implement HIV testing services, prevention strategies and treatment adherence support	Yes	R2,199,186.00	R2,199,186.00	N/A
Leseding Care Givers	HIV&AIDS: NGO	To implement prevention strategies and treatment adherence support	Yes	R2,108,338.00	R2,108,338.00	N/A
Muslim AIDS Programme (MAP)	HIV&AIDS: NGO	To implement prevention strategies and treatment support	Yes	R2,698,672.00	R2,698,672.00	N/A
National Institute Community Development and Management (NICDAM)	HIV&AIDS: NGO	To implement prevention strategies and treatment adherence support	Yes	R2,485,591.00	R2,485,591.00	N/A
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	HIV&AIDS: NGO	To implement advocacy and prevention strategies for MSM (men who have sex with men) and WSW (women who have sex with women)	Yes	R3,413,143.00	R3,413,143.00	N/A
North Star Alliance	HIV&AIDS: NGO	To implement prevention strategies and treatment adherence support	Yes	R1,895,457.00	R1,895,457.00	N/A
Ramotshinyadi HIV/AIDS	HIV&AIDS: NGO	To implement prevention strategies and treatment adherence support	Yes	R2,902,293.00	R2,902,293.00	N/A
Seboka Training and Support Network	HIV&AIDS: NGO	To implement HIV prevention strategies and treatment adherence support	Yes	R1,663,131.00	R1,663,131.00	N/A
Senzakahle Non-profit Organisation	HIV&AIDS: NGO	To implement HIV prevention strategies and treatment adherence support	Yes	R1,279,331.00	R1,279,331.00	N/A
South African Men Action Group	HIV&AIDS: NGO	To implement HIV prevention strategies and treatment adherence support	Yes	R1,851,097.00	R1,851,097.00	N/A
Sunrise Wellness Centre	HIV&AIDS: NGO	To implement treatment adherence support and prevention strategies	Yes	R2,564,916.00	R2,564,916.00	N/A
The Training Institution for Primary Health Care (TIPHC)	HIV&AIDS: NGO	To implement prevention strategies	Yes	R2,247,572.00	R2,247,572.00	N/A
Ukhamba Projects	HIV&AIDS: NGO	To implement HIV testing services, treatment support and NCD screening	Yes	R3,144,154.00	R3,144,154.00	N/A
Zakheni Training and Development	HIV&AIDS: NGO	To implement HIV testing services, treatment support and TB/NCD screening	Yes	R3,199,309.00	R3,199,309.00	N/A

2.6 Conditional Grants

Conditional grants and earmarked funds paid

Direct Conditional Grants

Statutory Human Resources and HP Training and Development

Department that transferred the grant	National Department of Health
Purpose of the grant	- To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance - Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected outputs of the grant	- Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources - Number and percentage of registrar posts funded from this grant (per discipline) and other funding sources - Number and percentage of specialist posts funded from this grant (per discipline) and other funding sources
Actual outputs achieved	- The Department successfully allocated 2 153 medical interns and 2 409 community service doctors into funded positions through the Compensation of Employment (CoE) Equitable Share and the Human Resources Training Grant (HRTG). - The number of registrar posts funded from this grant (per discipline) is 2 042. - The number of specialist posts funded from this grant (per discipline) is 1 979.
Amount per amended DORA (R'000)	5,517,102
Amount received (R'000)	5,517,102
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	5,507,724
Reasons for deviations on performance	None
Measures taken to improve performance	Enhanced collaboration between National Department of Health and Provincial Departments of Health
Monitoring mechanism by the receiving department	Provincial visits and grant reviews

National Tertiary Service Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	- To ensure provision of tertiary health services in South Africa - To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	705,161 inpatient separations 679,489 day-patient separations 1,460,177 out-patient first attendances 3,430,641 out-patient follow-up attendances 5,991,740 in-patient days 7.6 days average length of stay 75% bed utilisation rate by facility
Actual outputs achieved	707,080 inpatient separations 666,003 day-patient separations 1,454,547 out-patient first attendances 3,538,030 out-patient follow-up attendances 5,907,018 in-patient days 7 days average length of stay 80% bed utilisation rate by facility
Amount per amended DORA (R'000)	15,263,784
Amount received (R'000)	15,263,784
Reasons if amount as per DORA was not received	None
Amount spent by the Department (R'000)	15,392,863
Reasons for deviations on performance	Gauteng and North West Provinces have underspent by 4% and 6% respectively. The under-expenditure is due to the delay of delivery of equipment. Both provinces have requested roll-overs.
Measures taken to improve performance	To provide facility support visits and constant communication with facilities and provinces to improve performance
Monitoring mechanism by the receiving department	Monitoring is done through annual and quarterly reports and facility support site visits.

District Health Programme Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	HIV/AIDS component - To enable the health sector to develop and implement an effective response to HIV/AIDS - Prevention and protection of health workers from exposure to hazards in the workplace TB component - To enable the health sector to develop and implement an effective response to TB Community Outreach Services (COS) component - To ensure provision of quality community outreach services through Ward-based PHC Outreach Teams (WBPHCOTs). - To improve efficiencies of the WBPHCOT programme by harmonising and standardising services and strengthening performance monitoring. HPV component - To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations to all eligible girls aged 9–14 years with a single dose of HPV vaccine in all settings. Malaria component - To enable the health sector to develop and implement an effective response to support the effective implementation of the national strategic plan on malaria elimination.
Expected outputs of the grant	HIV/AIDS component 485,186 new patients started on antiretroviral therapy 6,236,206 patients on antiretroviral therapy remaining in care 693,175,866 male condoms distributed 21,537,549 female condoms distributed 87,052 infants tested through the polymerase chain reaction test at 10 weeks 16,560,421 clients tested for HIV (including antenatal) 565,121 medical male circumcisions performed 382,858 clients started on pre-exposure prophylaxis 353,840 HIV-positive clients initiated on TB preventative therapy TB component 473 987: number of TB contacts initiated on TB preventive treatment (under five years and five years and older combined) 2 698 898: number of patients tested for TB using TB nucleic acid amplification test 130 640: number of eligible HIV-positive patients tested for TB using urine lipoarabinomannan assay 95%: drug-sensitive TB treatment start rate (under five years and five years and older combined) 84%: rifampicin-resistant confirmed treatment start rate COS component 46 000: number of Community Health Workers receiving a stipend 5 000: number of Community Health Workers trained 469 515: number of HIV defaulters traced 20 552: number of TB defaulters traced 14 000 000: Community Outreach Services to households — first and follow-up visits conducted Malaria component 15: number of malaria-endemic municipalities with >95% indoor residual spray (IRS) coverage 60% □ confirmed cases notified within 24 hours of diagnosis in the endemic districts 65% □ of confirmed cases investigated and classified within 72 hours in the endemic districts 100% Percentage of identified health facilities with recommended treatment in stock 90% □ of identified health workers trained on malaria elimination 90% □ of social mobilisation information education and communication (IEC) campaigns conducted 90% □ of vacant funded malaria positions filled 6 malaria camps refurbished and/or constructed

Department that transferred the grant	National Department of Health
Actual outputs achieved	HIV/AIDS component 322,160 new patients started on antiretroviral therapy 5,607,855 patients on antiretroviral therapy remaining in care 660,599,884 male condoms distributed 22,989,088 female condoms distributed 134,713 infants tested through the polymerase chain reaction test at 10 weeks 17,818,508 clients tested for HIV (including antenatal) 415,864 medical male circumcisions performed 398,003 clients started on pre-exposure prophylaxis 250,409 HIV-positive clients initiated on TB preventative therapy TB component 77 374 TB contacts initiated on TB preventive treatment (under five years and five years and older combined) 2 540 249 patients tested for TB using TB nucleic acid amplification test 147 783 eligible HIV-positive patients tested for TB using urine lipoarabinomannan assay 97.7% - Drug sensitive TB treatment start rate (under five years and five years and older combined) 80.8% - Rifampicin resistant confirmed treatment start rate COS component 36 858- of community health workers receiving a stipend 17 324- of community health workers trained 851 227- of HIV defaulters traced 63 417- of TB defaulters traced 14 076 882- Community Outreach Services to households first and follow-up visits conducted Malaria component 7/15: of malaria-endemic municipalities with >95% indoor residual spray (IRS) coverage 73% (1 867/2 557): confirmed cases notified with 24 hours of diagnosis in the endemic districts 89% (2 266/2 557): confirmed cases investigated and classified within 72 hours in the endemic districts 100% (692/692): identified health facilities with recommended treatment in stock 125% (1 626/1 298): identified health workers trained on malaria elimination 123% (346 493/280 632): social mobilisation information education and communication (IEC) campaigns conducted 88% (368/416): vacant funded malaria positions filled 3/6: malaria camps refurbished and/or constructed
Amount per amended DORA (R'000)	24,724,358
Amount received (R'000)	24,724,358
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	24,854,771

Department that transferred the grant	National Department of Health
Reasons for deviations on performance	HIV/AIDS component None TB component - Target not achieved for the number of TB contacts initiated on TB Preventive Treatment is due to low coverage of Community Health Workers resulting in limited outreach services to screen and test household contacts. - Target not reached for the number of patients tested for TB using TB-NAAT is attributed to the high laboratory rejection rates due to poor quality of samples submitted to the laboratory, and the cyber-attack experienced by the NHLS in June 2024 which resulted in non-reporting of results to facilities. - Target over-achieved on U-LAM tests, due to intensified training on the use of the U-LAM test as informed by the hospital death audit findings. - The over-achievement for DS-TB treatment start was a result of the Global Fund-supported district contribution from the community outreach digital chest X-ray screening. - Data quality challenges due to delays in capturing data into the electronic system (EDRWeb), which resulted in under-achievement on the indicator. Community Outreach Services (COS) The target for the number of Community Health Workers (CHWs) receiving a stipend was not achieved due to: - Budget constraints, limiting the recruitment and retention of CHWs and Outreach Team Leaders (OTLs). - Non-replacement of exiting CHWs, reducing overall capacity. Malaria component - Late procurement and delivery of IRS commodities, and delayed recruitment of seasonal staff, caused a late start to the spray season, resulting in suboptimal coverage. - Mpumalanga Province was unable to fill all vacant posts due to delays in the appointment of two positions funded through the conditional grant. - Only three of six malaria camps were completed; KwaZulu-Natal could not complete the refurbishment, this is managed through the Department of Infrastructure.
Measures taken to improve performance	TB component - Collaborate with COS to increase coverage in the under-served communities. - Training and mentoring of facility staff on sample collection and quality improvement. - Strengthen the supervision and mentoring of data capturers at facility level. COS component To address the challenges related to budget constraints and the non-replacement of exiting CHWs, the NDoH is has recommended the following to provinces: - To explore and prioritise funding options to support the replacement and retention of CHWs and OTLs. - To expedite ongoing efforts to secure additional budget allocations to enable the scaling up of CHW numbers where gaps have been identified. Malaria component - To address the operational challenges experienced in the previous financial year and ensure improved performance going forward, the following mitigation measures have been put in place: - Strengthening procurement planning - Implement early procurement planning and engagement with suppliers to ensure the timely delivery of IRS commodities, including insecticides and PPE. - Align procurement timelines with the malaria transmission season to enable commencement of the spray programme by early September. - Improving recruitment processes - Collaborate with provincial HR units to fast-track the recruitment of seasonal IRS personnel and ensure that all conditional grant posts are filled on time. - Establish a recruitment schedule that starts well in advance of the spray season. - Accelerate infrastructure development. - Prioritise the completion of the remaining malaria camps by improving co-ordination with implementing agencies and addressing any administrative bottlenecks. - Monitor progress through monthly infrastructure updates and escalation of delays to relevant authorities.

Department that transferred the grant	National Department of Health
Monitoring mechanism by the receiving department	HIV/ AIDS component - Monthly and quarterly reports submitted by provinces. - Programme monitoring and review meetings. - Grant monitoring visits to provinces – at least twice annually. - Annual Evaluation reports and verification of reported data (financial and non-financial). COS component - Provinces to be advised on risk management and mitigating factors early in the financial year when early quarterly targets are not achieved. - Continuous close monitoring of the targets that were not achieved, and provision of support on time to cap the challenges. HPV component - Intra-campaign data verification and data clean-up conducted in districts and provinces. Malaria component - Quarterly reviews with provinces and interprovincial meetings. - The indicators in the conditional grant are also monitored on a continuous basis through the Malaria Information System to assess performance, and are also part of the National Malaria Strategic Plan that requires monthly monitoring.

Health Facility Revitalisation Grant Direct Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	- To help accelerate to accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health - To help replacement and commissioning of health technology in existing and revitalised health facilities - To enhance capacity to deliver health infrastructure - To accelerate the fulfilment of the requirements of occupational health and safety
Expected outputs of the grant	42 PHC facilities constructed or revitalised 50 hospitals constructed or revitalised 400 facilities maintained, repaired and/or refurbished
Actual outputs achieved	47 PHC facilities constructed or revitalised 46 hospitals constructed or revitalised 403 facilities maintained, repaired and/or refurbished
Amount per amended DORA (R'000)	7,158,341
Amount received (R'000)	7,158,341
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	7,167,454
Reasons for deviations on performance	The set targets were met in all indicators except for the Construction and/or Revitalisation of Hospitals, due to delays that were encountered on site by the contractors, resulting in the estimated completion time being extended.
Measures taken to improve performance	Continuous monitoring and oversight and regular engagements with the provinces to monitor project performance.
Monitoring mechanism by the receiving department	Regular review of project data quality and data-quality reviews with provinces to ensure accurate reporting. Regular project inspections as part of monitoring and oversight by project leaders.

National Health Insurance Direct Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	To expand healthcare service benefits through the strategic purchasing of services from healthcare providers
Expected outputs of the grant	Health Professionals Contracting - Number of health professionals contracted - Number of sessions covered by contracted health professionals Mental Health - Number of mental healthcare providers contracted (per category: psychiatrists, psychologists, registered counsellors, occupational therapists and social workers) - Number of users seen by the contracted mental healthcare providers - Number of forensic mental observations conducted by the contracted mental healthcare providers

Actual outputs achieved	Health Professionals Contracting 389/438 health professionals contracted 428 515 sessions covered by contracted health professionals Mental Health 261 mental healthcare providers contracted 415 942 users seen by the contracted mental healthcare providers 1 965: number of forensic mental observations
Amount per amended DORA (R'000)	R 455,956
Amount received (R'000)	R 455,956
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 462,904
Reasons for deviations on performance	The recruitment of healthcare professionals has been difficult across all components of the Grant, particularly in outlying areas. Reasons for this include the nature and administration of the contracts – they are temporary and too short, and there are delays in the recruitment processes and salary payments.
Measures taken to improve performance	Discussions will take place with provincial Grant teams to review contracts and determine appropriate ways to improve the recruitment of healthcare professionals, moving towards contracting within an NHI framework.
Monitoring mechanism by the receiving department	Quarterly reports are prepared and submitted to the transferring officer.

Indirect Conditional Grants

National Health Insurance Grant: Health Facility Revitalisation component

Department that transferred the grant	National Department of Health
Purpose of the grant	- To create an alternative track that will improve spending, performance, and monitoring and evaluation on infrastructure in preparation for National Health Insurance (NHI) - To enhance capacity and capability for delivering infrastructure for NHI - To accelerate the fulfilment of occupational health and safety requirements.
Expected outputs of the grant	Completion of Tshilidzini Neonatal ABT
Actual outputs achieved	Completion of Tshilidzini Neonatal ABT; multiple large construction projects ongoing.
Amount per amended DORA (R'000)	1,442,813
Amount received (R'000)	1,442,813
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	1,403,557
Reasons for deviations on performance	The Grant spent 97% of its budget. Under-expenditure occurred at Limpopo Central Hospital due to large amounts of rock bed on site; there was some under-expenditure on the Backlog Maintenance programme due to a challenge on BAS at year-end, and under-expenditure occurred at IDT.
Measures taken to improve performance	Stringent management of implementing agents to be continued.
Monitoring mechanism by the receiving department	Project Management Information System; quarterly reviews and site visits.

National Health Insurance Grant: Health Systems component

Department that transferred the grant	National Department of Health
Purpose of the grant	- To expand alternative models for the dispensing and distribution of chronic medication - To develop and roll out new health information systems in preparation for NHI, including human resources for health information systems - To enable the health sector to address the deficiencies in PHC facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme - To implement a quality improvement plan

Department that transferred the grant	National Department of Health
Expected outputs of the grant	CCMDD • Alternative chronic medicine dispensing and distribution model implemented • Number of new patients and total number of patients registered in the programme, broken down by the following: ○ antiretroviral treatment ○ antiretroviral treatment with co-morbidities ○ non-communicable diseases ○ number of pick-up points (State and non-State) Ideal Clinic • Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards. • Number and percentage of PHC facilities achieving an ideal status. PIS • Number of public health facilities implementing the Health Patient Registration System (HPRS) • Number and percentage of the population registered on the HPRS • National Data Centre hosting environment for NHI information systems established, managed and maintained • The development and publication of the 2022 Normative Standards Framework for Digital Health Interoperability • Development and implementation of the Master Facility List policy MSS • Number of healthcare facilities implementing an electronic stock monitoring system • Number of hospitals implementing an electronic stock management system • Number of fixed health establishments reporting medicines availability to the National Surveillance Centre QIP • Number of established quality learning centres = 100% • Number of hospitals that have conducted self-assessments (only higher level) = 100% ICSP • Effective and efficient management of the ICSP online system to ensure that 90% of eligible South Africans and Permanent Resident applicants are allocated in available funded posts

Department that transferred the grant	National Department of Health
Actual outputs achieved	CCMDD - Alternative chronic medicine dispensing and distribution model implemented. - Total number of parcels delivered: - Target: 9 500 000 - Actual Output: 8 978 126 - Number of new patients and total number of active patients in the programme, broken down by the following: - Actual output: 3 585 929 - Antiretroviral treatment only: 2 157 428 - Antiretroviral with co-morbidities: 615 236 - Non-communicable diseases: 789 003 - Number of pick-up points (State and non-State): State = 3 576 and external PuPs = 2 912 Ideal Clinic - Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards = 0 - Number and percentage of PHC facilities achieving an Ideal status = 2 762 (80%) PIS 3 265 public health facilities are implementing the HPRS. 68 584 359 individual registrations have been captured on the HPRS, of which 37 231 991 are patients with an active verification. - The National Data Centre hosting environment for NHI information systems has been established, managed and maintained. - The activities in relation to the Interoperability Normative Standards were focused on the strengthening of the Enterprise Architecture Design for digital health solutions, which will facilitate the interoperability of patient information systems. - The Master Health Facility List policy has been finalised. - During the period under review, the Department finalised the Minimum Viable Products for an Electronic Medical Record for Primary Health Care, focusing on TB and HIV. MSS - BP target: 2 963 - Actual output: 3 311 - BP target: 379 - Actual output: 377 - BP target: 3 850 - Actual output: 3 866 QIP 422 Quality Learning Centres established (indicator closed) 93% of higher-level hospitals conducted self-assessments. ICSP 100% of eligible South Africans and Permanent Resident applicants were allocated in available funded posts during the reporting period. The number accounts for 2 153 medical interns and 6 606 community service personnel that were declared eligible for the 2025 Annual Cycle and took up employment between 1 January to 1 April 2025.
Amount per amended DORA (R'000)	669,038
Amount received (R'000)	669,038
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	530,258

Department that transferred the grant	National Department of Health
Reasons for deviations on performance	CCMDD - The CCMDD programme was designed to create alternative access to chronic medication that would be most convenient for patients, and patients can choose their pick-up points. Patients are exercising this right, so there is considerable demand for the programme. - The total number of medicine parcels delivered was below the target set by 521 854. The implementation of three months' supply (a cheaper option) is currently at 74%. The aim is to achieve 75%. The implementation of three months' supply saw a decrease in the number of medicine parcels delivered, which was the expected result. The programme grew by 14%. Clinically stable patients will remain in the programme indefinitely as they are on lifelong therapies. - CCMDD was allocated a budget of R400 168 000 for the year, of which 96.15% was spent. Due to a budget block, the necessary purchase orders could not be done. There was also an invoice that was paid but was not cleared, hence the 96.15% expenditure. Ideal Clinic - No peer reviews (PRs) for PHC facilities were conducted in 2024/25 financial year because there was no facility that was legible for peer review; all facilities went through the process in previous years – except those that were not functional at the time of PR in previous years or newly built facilities. - The Ideal Clinic target was achieved (2 762 against a target of 2 700). MSS - Hospitals usually utilise RxSolution. Very good progress was made last year with RxSolution, despite interruptions through work stoppages and partner withdrawal, which removed much-needed support for the last quarter. QIP 422 Quality Learning Centres were established. The Western Cape Province did not take part in the National Health Quality Improvement Programme. 93% of hospitals conducted self-assessments against a target of 100%. Two hospitals did not conduct self-assessment, and seven are closed TB hospitals which have not been updated as such on the DHIS.
Measures taken to improve performance	CCMDD - Modelling on the three-months' supply of medication as a cost saving. Ideal Clinic - Provincial scale-up plans are analysed to confirm facilities that are ineligible for peer review. - Donation of essential emergency medical equipment to poorly performing provinces on non-negotiable vital elements. - Clinical trainings for healthcare professionals. - Support visits to provinces by National Technical Assistants. QIP - The report was shared with provincial Quality Assurance Managers to ensure that the two hospitals conduct self-assessment while being advised to pursue the correct process to ensure that the closed TB hospitals are also closed on the DHIS. MSS - The Department is in the final stages of contracting a senior IT architect and senior business/analyst trainer, both of whom will be versed in RxSolution to assist in supporting continued roll-out and implementation of RxSolution.
Monitoring mechanism by the receiving department	Ideal Clinic - Monitoring the implementation of the Ideal Clinic Cycle (Baseline SD, PPTICRM SD, PPTICRM PR, PPTICRM PRU). - Provincial/District quarterly reviews are taking place. - Quarterly reports are submitted. MSS - A request to procure additional consulting services is awaiting management approval. QIP - Monitoring is conducted through the Ideal Hospital system.

Personal Services HP Contracting Capitation

Department that transferred the grant	National Department of Health
Purpose of the grant	To expand the access to healthcare service benefits through the strategic purchasing of PHC services from healthcare providers
Expected outputs of the grant	- Number of proof-of-concept Contracting Units for PHC (CUPs) established - Number of private PHC providers participating in the CUPs and contracted through capitation arrangements
Actual outputs achieved	- Number of proof-of-concept CUPs established: 9 - Number of stakeholder engagements held: 11
Amount per amended DORA (R'000)	87,676
Amount received (R'000)	87,676
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	40,214
Reasons for deviations on performance	Preparatory work towards achieving all project outputs is ongoing.
Measures taken to improve performance	Reprioritisation of funds for preparations around engagements with and enablers for the work of the proof-of-concept CUPs.
Monitoring mechanism by the receiving department	Quarterly review of the financial and non-financial performance of the Grant.

2.7 Donor Funds

Name of donor	Global Fund – Grant Cycle 6 (GC6) – April 2024 to March 2025
Full amount of the funding (R'000)	R2,011,176
Period of the commitment	Financial Year 2024/2025
Purpose of the funding	Investing for impact against Tuberculosis and HIV
Expected outputs	- TCP-1^(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed plus clinically diagnosed), new and relapse cases: 106,112 - TCP-2^(M) Treatment success rate – all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases: 83% - TCP-5.1 Number of people in contact with TB patients who began preventive therapy: 9,157 - TB/HIV-6^(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment: 92% - TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period: 95% - MDR TB-2^(M) Number of TB cases with RR-TB and/or MDR-TB notified: 5,016 - MDR TB-3^(M) Number of cases with RR-TB and/or MDR-TB who began second-line treatment: 4,164 - MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated: 70% - M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received: 99% - TCS-1.1^(M) Percentage of people on ART among all people living with HIV at the end of the reporting period: 83% - HR-other1: Number of health care providers trained on medical ethics and human rights: 8,126
Actual outputs achieved	- TCP-1^(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed plus clinically diagnosed), new and relapse cases: 99,524 - TCP-2^(M) Treatment success rate – all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases: 76% - TCP-5.1 Number of people in contact with TB patients who began preventive therapy: 10,112 - TB/HIV-6^(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment: 94% - TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period: 94% - MDR TB-2^(M) Number of TB cases with RR-TB and/or MDR-TB notified: 4,201 - MDR TB-3^(M) Number of cases with RR-TB and/or MDR-TB who began second-line treatment: 3,682 - MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated: 70% - M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received: 99.6% - TCS-1.1^(M) Percentage of people on ART among all people living with HIV at the end of the reporting period: 71%
Amount received (R'000)	R2,403,956

Amount spent by the department (R'000)	R1,837,999
Reasons for the funds unspent	The delay in the appointment of service providers for the installation of warehouse management information system and heating, ventilation, and air conditioning (HVAC). Another contributing factor was delayed delivery of HIV and TB medications by the service providers.
Monitoring mechanism by the donor	The following activities are conducted to monitor grant implementation and performance: - On-site data verification at implementation levels to verify the accuracy of the data reported. - Support visits to grant implementers to ensure compliance with grant requirements. - Quarterly data review meetings to monitor grant performance. - Quarterly workshops and meetings with sub-recipients for programme management. - Data analytics meetings. - Internal audits and annual external audits. In addition, the Global Fund Country Team (based in Geneva) conducts regular country visits which include site visits at implementation levels. The NDoH submits reports which are verified by the Local Funding Agent (LFA) prior to submission to Global Fund on a six-monthly basis. The NDoH submits a report to the National Treasury to support programme performance and justify the disbursement requests on a six-monthly basis. The NDoH also submits quarterly reports to the South African National AIDS Council (SANAC) which serves as Country Co-ordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts spot-checks as part of quality checks through the LFA. The Global Fund commissions audits through the Office of the Inspector-General (OIG) as part of weighing Global Fund's investments and identifying risks.

2.8 Capital Investment

Capital investment, maintenance, and asset management plan

	2024/25			2023/2024		
Infrastructure projects	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)
Infrastructure - Excluding Limpopo Academic						
Current (Goods and Services)	43 094	45 728	-2 634	177 291	84 547	92 744
Capital (Buildings & other fixed structures)	900 833	945 115	-44 282	834 002	937 079	-103 077
Machinery & Equipment	66 537	728	65 809	28 147	23 124	5 023
Total Infrastructure - Excluding Limpopo Academic	1 010 464	991 571	18 893	1 039 440	1 044 750	-5 310
Infrastructure - Limpopo Academic						
Capital (Buildings & other fixed structures)	432 349	418 635	13 714	349 671	349 669	1
Current (Goods and Services)	-	-	-	-	-	-
Total	1 442 813	1 410 206	32 607	1 389 111	1 394 419	-5 309



GOVERNANCE

PART C

3.1 Introduction

National Department of Health (NDOH) is committed to maintain the highest standards of governance which is fundamental to the management of public finances and resources. The department established Chief Directorate: Internal Audit and Risk Management (CD: IA&RM), Audit and Risk Committee (ARC), and Ethics Committee as key governance structures as required by applicable legislation.

3.2 Risk Management

The Department recognises that risk management is a valuable management tool which improves and assists management in minimizing any negative impacts and optimizing opportunities emanating from its operating environment. The risk management framework (Policy, Strategy, and Implementation plan) was discussed and recommended by ARC for approval by the Director-General during 2024/25 financial year. The Risk Management Implementation was monitored by the ARC.

The Risk Assessment was conducted and aligned to the Strategic Plan and Annual Performance Plan of the NDoH. The Action Plans to address the audit findings of the Auditor-General South Africa (AGSA) were monitored monthly through the CD: IA&RM and reported to the ARC.

Through the guidance of ARC, the department achieved a positive rating on Risk Management from the 2024/25 annual audit conducted by the AGSA, which indicated that the department implemented appropriate risk management activities to ensure regular risk assessments are conducted.

Category	Submitted	Not Submitted	Total	% of compliance
Senior Management Services (SMS)	106	01	107	99%
ASD level 9/10	89	11	101	88%
OSD equivalent to level 9/10	24	04	28	86%

3.5 Code of Conduct

The Code of Conduct is applicable to all employees of the Department and gives effect to the relevant constitutional provisions relating to the Public Service. Chapter 2 of the Public Service Regulations 2016 (PSR 2016) provides the principles and standards of ethical conduct that are expected to be met by all public servants. The Department utilises the provisions of the Public Service Code of Conduct to regulate the conduct of its employees.

The Department is implementing the following mechanisms to instil an ethical culture within the Department:

- An Ethics Committee is in place to oversee all activities in the Department and ensure that all officials comply with the provisions of the PSR 2016.
- Ethics awareness-raising is in place to capacitate employees about the importance of disclosure of financial interests, of requesting permission

3.3 Fraud and Corruption

The Department has several strategies in place which are in line with legislation frameworks and policies that are aimed at instituting mechanisms for reporting fraud and corruption. In respect of all reported allegations, investigations are conducted, and disciplinary actions are taken against individuals who contravene the Code of Conduct. Matters that have elements of criminality are reported to the South Africa Police Services (SAPS) for criminal investigation.

Fraud awareness mobilisation is conducted through posters on noticeboards and articles published in the internal Rihanyo electronic newsletter. In addition, external stakeholders are sensitised via the relevant website content, which also provides the National Health System Ethics Helpline (0800 2014 144). Fraud awareness sessions are held during the induction of newly appointed employees.

3.4 Minimising Conflicts of Interest

The Department continues to implement the public service processes which require Senior Managers, Assistant Directors (ASD) on salary level 9/10 and the employees who are Occupation-specific Dispensation (OSD) equivalent to salary level 9/10 to declare and disclose their financial interests.

For the period under review, the Department had 107 Senior Managers and 129 ASDs on salary level 9/10 and employees on OSD equivalent to salary level 9/10 who were required to declare their financial interests by the prescribed timeframes of 30 April and 31 July respectively. The following table indicates the Department's compliance with the Financial Disclosure Framework.

before conducting remunerative work outside of the employment, and of compliance with the Code of Conduct.

- The Department has a dedicated official who is appointed to handle all administrative matters that relate to ethics in the Department.

3.6 Health, safety and environmental issues

The Occupational Health and Safety (OHS) Committee was officially appointed by the Director-General in July 2024 to strengthen health and safety governance and to ensure compliance with legal obligations. The OHS Committee convened three meetings since its appointment, and an emergency evacuation drill was conducted to test the readiness and response of the Department. An OHS Policy was signed by the Director-General in October 2024, aligning with Section 7 of the OHS Act. The next review is scheduled for September 2025. The OHS representatives contributed to the successful hosting of the G20 health-related events.

Various trainings and capacity-building initiatives were conducted during the period under review:

- 15 OHS Representatives were trained by NOSA in November 2024 to enhance workplace safety awareness.
- 27 Fire Wardens were trained by NOSA in October 2024 in fire response and evacuation procedures.
- 23 First Aiders were trained by NOSA in October and November 2024, focusing on the emergency medical response.
- 22 Emergency Marshals were trained by NOSA in November 2024 through two sessions in evacuation and crowd management respectively.

Monthly inspections were carried out by the Health and Safety Officer and OHS representatives. Additionally, the following external compliance inspections were conducted:

- Tshwane Municipality (22 July 2024): Found that the AB Xuma building is compliant with building regulations.
- Department of Employment and Labour (20 August 2024): Full compliance was confirmed after document review and a walk-through inspection.

3.7 Portfolio Committees

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
PORTFOLIO COMMITTEE ON HEALTH		
April – June 2024	There were no parliamentary sessions for the Health Portfolio Committee due to national elections.	
09 July 2024	Election of Chairperson; Department of Health Annual Performance Plan 2024/25; Minister present	The Portfolio Committee on Health elected Dr Sibongiseni Dhlomo (ANC) as its chairperson for the Seventh Parliament, who previously served as Health Deputy Minister and prior to that as this committee's chair. Dr Sandile Buthelezi, Director-General: National Department of Health, outlined priorities for 2024/25 including interventions for HIV, TB and STIs, non-communicable disease campaigns, healthcare quality enhancement, infrastructure maintenance, community engagement, maternal and infant mortality reduction, and National Health Insurance (NHI) implementation. He highlighted improvements in life expectancy and the positive impact of the Central Chronic Medication Distribution Programme. Financial details showed a net budget decrease, with adjustments in compensation of employees, goods and services, transfers and subsidies. Committee members raised issues such as: the need for baseline data, addressing staff turnover, provincial fund oversight, attention to non-communicable diseases, maternal and infant mortality, electronic patient systems, and the impact of COVID-19. Departmental representatives addressed these issues, providing updates on baseline data, CCMDD operations, employment equity targets, financial allocations, provincial monitoring, invoice processing, anti-corruption efforts, and electronic medical records.
10 July 2024	Committee's Budget Vote Report	The Committee considered its Budget Vote Report for the Department of Health, focusing on its observations and recommendations. Members raised concerns related to gender-based violence and femicide (GBVF) and felt that this required special attention as well as the establishment of a Joint Committee on Social Development, Health and Community Safety to play a joint role in GBVF prevention. The Committee also noted with concern the strain placed on hospitals in Gauteng by other provinces such as Limpopo, Mpumalanga, North West and the Northern Cape due to issues with resource allocation. Members pointed out that the Committee should be held accountable for the welfare of patients. Members suggested that the employment equity target for people with disabilities be reconsidered. Members also suggested inviting the DoH to make a presentation on TB in the mines. The Committee expressed concern over the state of mortuaries and delays in treating patients with adverse effects. The Committee stressed the importance of TB prevention treatment becoming a specific focus of the Committee. The Chairperson commended Members for their oversight work in hospitals in the Eastern Cape, which had yielded some positive results.
24 July 2024	6th Parliament Committee Legacy Report	The Portfolio Committee on Health convened in a virtual sitting to consider the Committee Legacy Report of the 6th Parliament between May 2019 and March 2024. The Committee resolved to use the information in the Legacy Report as a guide for drafting a strategic plan for the next five years. Key priorities include addressing medico-legal claims and continuous monitoring of the state of health service delivery across the country, specifically regarding surgical backlogs. A strategic planning meeting would be scheduled to take place after the recess period. The Committee adopted the minutes dated 10 July 2024.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
21 August 2024	Department of Health Q1-3 2024/25 Performance; with Ministry	The meeting focused on the Committee's oversight of the Department of Health and its entities: SAMRC, NHLS, SAHPRA, CMS, the Health Ombudsman and the OHSC. The meeting was part of the induction of members of the Portfolio Committee on Health in the Seventh Parliament. The SAMRC highlighted its transformation efforts and research programmes. Members asked about the Council's budget, staff in acting positions, and its support for research in the provinces. They asked about support provided to historically disadvantaged institutions. Several members raised issues about traditional medicines during the meeting. Other questions focused on the Mpox disease outbreak. The NHLS reported a stable financial position with revenue of over R12 billion. However, it faced challenges in gathering provincial debts. A recent cyber-attack had disrupted its IT systems, but operations had been restored. Members raised concerns about corruption, financial management, and the retention of pathologists. Members also asked about outstanding laboratory results and a backlog in routine testing.
28 August 2024	Meeting with delegation from Namibian Parliament; Health Market Inquiry Report	The Portfolio Committee on Health met to discuss health and social welfare issues with their counterparts from the Namibian National Council Standing Committee on Health, Social Welfare and Labour Affairs, and to receive a presentation from the Competition Commission on the Health Market Inquiry report. The Namibian delegation aimed to benchmark legislation on harmful substances and gain insights into universal health coverage and were particularly interested in South Africa's experience with tobacco control legislation and the challenge of regulating newer products like electronic cigarettes. The South African representatives highlighted their journey with tobacco control, emphasising the importance of aligning with international guidelines while considering local contexts. They also discussed South Africa's progress towards implementing universal health coverage, noting the need to strengthen public health systems to reduce disparities between private and public health care. The presentation on the Health Market Inquiry identified critical issues in the private healthcare sector, such as high costs, over-utilisation, and market concentration. It recommended establishing a supply-side regulator and a standardised basic package to promote competition based on quality and outcomes. These findings were discussed in relation to NHI, emphasising the need to address failures in the private sector to ensure the successful implementation of NHI. The discussions reflected concerns about outdated regulations, the dominance of a few hospital groups, and the challenges of regulating the private healthcare sector. The Committee Members raised questions about the implementation of the inquiry's recommendations, the regulation of pricing, and the involvement of various stakeholders in the healthcare industry. The meeting concluded with a call for ongoing communication and collaboration to address these issues, and for improved healthcare outcomes in both South Africa and Namibia.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
4 September 2024	Tobacco Products and Electronic Delivery Systems Bill: DoH briefing (with Deputy Minister) and Professor Abdool-Karim on health challenges facing South Africa	The Department of Health briefed the Committee on the Tobacco Products and Electronic Delivery Systems Control Bill. It also heard from Professor Abdool-Karim on the quadruple burden of disease and the health challenges facing South Africa. The Committee welcomed the Bill; however, some members were concerned that it would be unsuccessful in reducing the number of smokers and preventing new ones. The Committee was concerned about the illicit trade of cigarettes; this had not been explicitly highlighted in the Bill. Members were concerned that the regulation and control of legal tobacco and cigarettes would drive more smokers to obtain cigarettes through the illicit cigarette trade, which accounts for 70% of the market. Members felt strongly that this issue had to be addressed for the Bill to make a real impact. The Department indicated that while they were interested in the illicit trade of cigarettes, this issue fell under the mandate of the South African Revenue Service. Members welcomed the banning of the sale of cigarettes via vending machines. However, there was concern that the Bill made little to no provision for the online sale of tobacco, e-cigarettes and vaping products. This was a major concern, as children under 18 could purchase these products through various websites and online stores. This should be explicitly addressed in the Bill. Members were also concerned that the Bill did not provide support and assistance to smokers who were addicted to nicotine or tobacco. While the Bill sought to protect non-smokers and other vulnerable groups such as pregnant women and children, members felt that this would not prevent smokers from smoking or encourage them to stop, as it did not address the causes of smoking and make provisions to assist smokers. The Committee recommended that the Department increase its public education campaigns to educate and raise awareness of the harmful impact of smoking and vaping. Members felt that it was particularly important for such campaigns to be conducted at schools due to the high number of children who were vaping. The Committee was concerned with the penalties for offences highlighted in the presentation. This included penalties such as fines, warnings, and jail time for offences, including smoking in public and the manufacture of harmful products. Particularly, the Committee was confused about the penalty for manufacturing harmful products, which could include a jail sentence of no more than 20 years. Members indicated that this was problematic, as people guilty of murder were generally sentenced to 25 years and tended to be released on parole after 15 years. The Committee highlighted the issue of enforcing the legislation. There was concern about the capacity of law enforcement agencies to police and enforce the Bill and arrest offenders where necessary. Members were doubtful that police could enforce this, as they already struggled to address current crime issues. Members of the Committee suggested that the Bill process be started from the beginning so that new members were not disadvantaged. The Bill was returned to Parliament after the 6th Parliament Committee could not conclude the Bill processes before the end of the previous term. Members felt that new members were at a disadvantage, particularly in the public participation process, as public participation had already been conducted in seven of the nine provinces. Members welcomed Prof. Abdool-Karim's presentation and appreciated the insights offered. The Committee requested more information on the quadruple burden of disease, particularly through a racial lens. The Committee also requested information on the safety and effects of the COVID-19 vaccine. Prof. Abdool-Karim assured the Committee that several of the presumed side-effects of the vaccine were symptoms of long-term COVID, and indicated that the only major side-effect of the vaccine was an increased rate of myocarditis in adolescent boys who received the mRNA vaccine.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
18 September 2024	Status of unclaimed bodies in State mortuaries; DoH response to the Health Market Inquiry Report; with Deputy Minister	The Portfolio Committee convened to receive an update from the Department of Health on the status of unclaimed bodies in State mortuaries, and to consider the recommendations arising from the Health Market Inquiry. The Department explained the complexities surrounding unclaimed and unidentified bodies, highlighting challenges such as incomplete remains and difficulties in identification. It detailed the steps involved in managing these cases, including DNA collection and the role of forensic pathology officers. Challenges at the facility level included transportation and approval delays, and the need for improved training and collaboration. Members drew attention to the cultural sensitivities surrounding unclaimed bodies in South Africa, and called for better categorisation of unclaimed bodies, particularly regarding foreign nationals. They expressed concerns about the classification of mortuaries and the delays caused by DNA testing, and suggested community involvement in burial processes to reduce costs. They sought updates on extortion issues within mortuary services, the toxicology backlog, and health regulation breaches during body storage. They stressed the need for a co-ordinated national strategy to manage the systemic issues effectively, and called for a multi-departmental approach. The Committee aimed to produce a comprehensive report by the end of October to outline progress and strategies moving forward. The Department of Health's overview of the Health Market Inquiry (HMI) recommendations included the need for reform in the practice code numbering system, the establishment of a health technology assessment unit, and the implementation of alternative reimbursement mechanisms. Key findings from the inquiry revealed that the private healthcare market suffered from significant distortions, leading to high costs and inefficient resource use without corresponding improvements in health outcomes. The facilities market was highly concentrated, with little competition or innovation among major groups. Outdated regulations from the Health Professions Council of South Africa (HPCSA) limited competition among practitioners, often to the detriment of patient care. The Department emphasised the need for interventions to enhance access and affordability in private health care, aligning these efforts with the National Health Insurance Act for policy coherence. They referred to the proposed establishment of an independent Supply-side Regulator, although given the current economic constraints, it was suggested that existing regulatory structures be utilised instead. The Department was calling for the creation of a Master Health Facility List and the registration of all healthcare facilities with the Office of Health Standards Compliance. To ensure value for money, a health technology unit would evaluate economic interventions as mandated by the NHI Act. The Department was also revising ethical pricing rules under the HPCSA and collaborating with private organisations to formalise health outcomes measurement through regulations. Members highlighted the Office of Health Standards Compliance's critical role in establishing a reference price to promote uniformity in healthcare costs. They raised concerns about the outdated regulations of the HPCSA and the lack of inclusion of essential healthcare professionals such as nurses and pharmacists in discussions about multidisciplinary teams. They called for a cohesive national healthcare system instead of a fragmented provincial approach, emphasising the need for collaboration with the Council for Medical Schemes. They inquired about the Competition Commission's exemption application for medical aid schemes and called for more specific information regarding services under the NHI legislation. Members also pointed out the lack of emphasis on indigenous medicine within the report. The Chairperson called for a concise overview from the Department regarding regulations and initiatives. He acknowledged the recurring theme of nationalisation, suggesting that it may require separate discussions in the future.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
5 February 2025	Withdrawal of PEPFAR funding and its impact on the health programmes; Update on employment of health care professionals with Ministry	The Portfolio Committee on Health received a comprehensive briefing from the Minister of Health on the withdrawal of funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR), and its impact on the country's health system. The Minister highlighted that while South Africa primarily funds its own HIV response, PEPFAR contributes significantly to personnel costs, operational expenses, and programme implementation. He confirmed that the initial U.S. directive called for an immediate suspension of PEPFAR assistance, but a subsequent executive order had placed the suspension under review for 90 days. Discussions with the U.S. Embassy had taken place to clarify the situation and assess the potential impact on affected programmes. Committee Members expressed concerns about the immediate and long-term consequences of the funding suspension. They questioned the Department on the measures in place to mitigate disruptions to HIV prevention and treatment services, particularly in the 27 high-burden districts reliant on PEPFAR support. They also sought clarity on contingency plans to maintain service delivery and the strategies to protect the healthcare workforce affected by the funding cut. Several Members emphasised the importance of strengthening South Africa's sovereignty in health matters and reducing dependence on foreign aid. They viewed the PEPFAR situation as a wake-up call for the government to establish sustainable healthcare funding mechanisms and prioritise local production of essential medications, such as antiretrovirals. The Minister responded that South Africa funds 90% of its ARV procurement through its national budget, with only a small percentage covered by external donors. The Committee also engaged with the Minister on the issue of unemployed healthcare professionals, including doctors who remain without placement despite completing their statutory internship and community service requirements. Members raised concerns about the increasing number of qualified but unemployed healthcare professionals, warning that this trend could undermine the country's ability to provide adequate health services, particularly in under-served areas. Members questioned the Minister on the current vacancy rates for medical positions, and called for a more streamlined recruitment process. They urged the Department to consider integrating newly qualified doctors into the public healthcare system through structured programmes, such as guaranteed employment post internship, and to work closely with Provincial Health Departments to prioritise hiring healthcare professionals in critical areas. In response, the Minister acknowledged the employment challenges and attributed them to budget constraints exacerbated by austerity measures. He confirmed that while all statutory placements had been completed, post-community service employment remained a challenge due to limited fiscal resources. He assured the Committee that engagements with National Treasury were ongoing to secure additional funding for critical healthcare posts. Strategies are being explored such as converting unfilled internship positions into permanent posts and prioritising key vacancies based on service delivery needs. The meeting concluded with the Chairperson reiterating that the Committee would continue to monitor developments related to PEPFAR funding and employment challenges in the healthcare sector.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
19 February 2025	Department of Health Q1 – Q3 2024/25 Performance; with Ministry	The Portfolio Committee on Health received a performance report on the Department's key initiatives, performance and challenges across various programme areas from Quarter one to Quarter three of the 2024/25 financial year. Briefing the Committee, the Director-General and other senior departmental officials highlighted key achievements and challenges across a range of priority areas, including administration, the roll-out of NHI, communicable and non-communicable disease management, hospital systems, Primary Health Care, and health system governance and human resources. The Minister of Health confirmed the outbreak of Hand, Foot and Mouth Disease (HFMD). He urged the public to remain calm because the Department was working with the NICD to monitor the outbreak and provide the necessary support to provinces in containing the spread. One area of particular concern raised by the Committee was the Department's decline in transitioning eligible HIV patients to differentiated models of care (DMoC). The Committee noted that the decline in DMoC rates in some provinces threatens to undermine the progress made in managing the HIV burden. The Committee said it wants to see a renewed focus and a solid contingency plan to address this issue, particularly amid the scrapping of PEPFAR funding. The Committee also raised concerns about the Department's performance in addressing TB, citing the unacceptably low treatment success rates for both drug-susceptible and drug-resistant TB. The Committee urged the Department to intensify its efforts to address this critical public health challenge and ensure all patients diagnosed with TB were successfully traced and retained on treatment. Acknowledging the Committee's concerns, the Deputy Minister of Health, Dr Joe Phaahla, emphasised the Department's commitment to strengthening its approach. "We recognise the urgency of the TB and HIV epidemics, and we are working closely with provinces to identify and address the bottlenecks that are hindering our progress. This includes enhancing our patient tracing and adherence support mechanisms to ensure that no one falls through the cracks". The Committee also delved into the Department's efforts to improve Primary Health Care service delivery, with a particular focus on the Ideal Clinic Realisation and Maintenance (ICRM) programme and the roll-out of the Ideal Hospital initiative. Members asked the Department to provide the necessary support and oversight to ensure that all hospitals can accurately assess their readiness and implement the required improvements. The Department announced that South Africa is the first country on the continent to start the HPV vaccine programme in 2014. The Department was very proud of the HPV vaccine programme because it guaranteed a future where there would be fewer women suffering from cervical cancer, which is the second-highest killer after breast cancer. The Committee encouraged the Department's efforts to scale up screening for key non-communicable diseases such as cancer, hypertension and diabetes to focus on early detection. The Committee asked the Department to accelerate its efforts in this regard, highlighting that the screening initiatives must be coupled with robust linkage to care and treatment access to truly improve health outcomes. Regarding the Department's unannounced visits to healthcare facilities, the Committee commend that initiative, as it allowed a more accurate and real-time understanding of the challenges on ground level. The Committee was of the view that the Minister and Deputy Minister's hands-on approach demonstrated the Department's commitment to identifying and addressing gaps in service delivery. The Committee expressed its appreciation for the Department's detailed report and its willingness to engage constructively on the issues raised. The Chairperson stated that the meeting was invaluable in providing the Committee with a comprehensive understanding of the Department's work and the challenges it had been facing.
26 February 2025	Free Sanitary Pads and Menstrual Health Petition	The Portfolio Committee convened to receive a virtual presentation from Team Free Sanitary Pads, a non-profit organisation, on the need to end 'period poverty' and the associated health problems affecting young girls and women in South Africa. The team said that it was pleading for this cause on behalf of over 31 organisations calling for menstrual health rights legislation. They highlighted the urgent need for the South African government to give women and girls priority when it came to allocating national government funds for the distribution of free sanitary pads in public restrooms, rural and urban schools, and higher education institutions in a manner similar to that of condom distribution. To eradicate period poverty, more action was necessary, especially from the government. This included a legislative framework, or some other kind of structure that guarantees the accountability of the government, civil society and the private sector. They wanted high-quality menstrual products to be made available in their communities, making sure that they adhered to high standards. As claims were being made regarding the connection between the use of inappropriate sanitary products and illnesses, the Committee accepted this presentation but emphasised that the team should try to support their arguments with evidence. The claims should be carefully examined within the Department of Health, which had very knowledgeable experts. The Committee supported a co-ordinated response involving several relevant departments and indicated that the structure set up by the Department of Women, Youth and Persons with Disabilities was a good co-ordination structure that should be used to ensure that each department and the various organisations were aware of their roles and responsibilities and implemented them in a co-ordinated way.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
5 March 2025	National Health Laboratory Services (NHLS) Annual Report 2023/24	The NHLS reported a slight increase in revenue but faced a qualified audit opinion in 2023/24, raising concerns about financial management and governance. Persistent provincial debts and operational inefficiencies, including significant testing backlogs and the impact of a cyber-attack on services, were discussed. Plans to improve service delivery through technology upgrades and enhanced governance were outlined. The NHLS highlighted challenges in testing capacity, particularly in forensic chemistry, due to ageing infrastructure and staffing challenges. The cyber-attack earlier in the year had halted operations and led to a review of IT security measures. Provincial debt had reached R8.9 billion by 31 January 2025, raising financial sustainability concerns. Efforts to enhance efficiency through digital processes and partnerships with private entities were noted. Committee members raised concerns about governance, audit quality, slow progress in addressing backlogs, and infrastructure challenges. Questions were asked about the cyber-attack's impact, staffing challenges, its readiness for NHI implementation, and the adequacy of financial management practices.
19 March 2025	Tobacco Products and Electronic Delivery Systems Control: public hearings	At the start of the meeting, committee members debated stakeholder participation, preparation time, and whether all industry representatives should be present. Some supported structured scheduling and in-person meetings where possible. Concerns were raised about managing submissions objectively and ensuring that the process did not remain open-ended. Members agreed that stakeholders should submit presentations in advance and not postpone unnecessarily. The Chairperson urged flexibility in scheduling, suggesting virtual meetings to reduce costs. The Committee resumed public hearings on the Tobacco and Electronic Products Bill. The Tobacco, Alcohol, and Gambling Advisory, Advocacy and Action Group (TAG) criticised the tobacco industry for misleading claims and delaying the regulation process. It urged the Committee to prevent the promotion of smoking and e-cigarettes. TAG provided practical input on the Bill, suggesting clearer definitions, broader inclusions and stronger accountability measures, and recommended refining terms, adding warnings, and prohibiting smoking in certain areas. TAG emphasised the need to prioritise public health over industry interests and urged for enforceable legislation. TAG spoke about the risks of electronic smoking devices, highlighting how flavoured options attracted young users and explaining different types of tobacco smoke, including third-hand smoke, which could harm people with asthma. On constitutional rights, TAG acknowledged individual freedoms but stressed the right to life, given the high mortality rate among smokers. Addressing illicit trade, TAG argued that both legal and illegal cigarettes were harmful. It described how penalties did little to affect large tobacco companies and suggested harsher sentences. TAG dismissed the idea of banning cigarettes, comparing it to failed alcohol prohibition. Instead, it recommended discouraging smoking through regulation. A member supported public health regulations but stressed balancing them with constitutional rights and economic concerns. She questioned the severity of penalties, the science behind e-cigarette regulations, and the claim that the Bill would not affect employment, particularly in the informal sector. Another member emphasised the importance of scientific evidence in shaping policy and raised concerns that strict regulations could increase illicit trade. Pointing out that countries with more flexible vaping policies had lower smoking rates, the member asked whether South Africa's strict approach was effective. Other members asked about the Bill's provisions for harm reduction, illicit trade, and potential job losses, while some questioned the role of TAG in drafting the Bill and its funding sources. The Chairperson stressed that illicit trade must be addressed alongside tobacco regulations. He called for a comprehensive plan to combat it and supported harm reduction for older smokers while focusing on prevention for younger generations.

SELECT COMMITTEE ON SOCIAL SERVICES

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
12 July 2024	Department of Health Annual Performance Plan 2024/2025; Department of Health Budget Vote Report, with the Minister and Deputy Minister	The Department of Health presented its Annual Performance Plan for 2024/25. The presentation provided context for the Plan and outlined the Department's key focus areas, including capacitation of critical functions for implementing National Health Insurance. The presentation also looked at 2024/25 performance output for each of the Department's six programmes and the budget. In a wide-ranging engagement, Members asked about the funding and implementation of National Health Insurance, the low number of planned community engagements, the unreliability of some performance indicators, maintenance and upgrading of hospitals, the impact of climate change on malaria range, combatting vaccine misinformation, outsourcing, medico-legal fraud, progress in the fight against multidrug-resistant tuberculosis, mental health care, holding officials to account for wasteful expenditure in programmes like school feeding schemes, electronic medical records, and the fall-out from the cyber-attack at the National Health Laboratory Services. The Committee also adopted its report on the budget vote of the Department and the Committee programme for July and August 2024.

17 July 2024	Committee 6th Parliament Legacy Report	The Select Committee on Social Services convened for a virtual meeting to look at key sectors under the Committee's oversight during the Sixth Administration. The Committee Researcher for Social Development and Women, Youth and Persons with Disabilities presented on the work of the Department of Women, Youth and Persons with Disabilities. He highlighted the Department's evolution towards a regulatory role, emphasising its mandate to facilitate socio-economic transformation and empowerment. Key entities such as the Commission for Gender Equality and the National Youth Development Agency were discussed in terms of their roles in advancing gender equality and youth development agendas. He underscored the Department's alignment with national frameworks like the National Development Plan and the Medium-term Strategic Framework, prioritising issues such as gender-based violence and economic empowerment. The Committee Researcher for Health outlined the National Development Plan's implications for South Africa's healthcare sector. He detailed the NDP's goals aimed at improving healthcare accessibility, reducing mortality rates, and enhancing health infrastructure. He also reviewed the healthcare sector's responses to recent challenges, including the COVID-19 pandemic, highlighting budgetary fluctuations and strategies to sustain service delivery amid fiscal constraints. The meeting concluded with a discussion on these presentations, prompting the Select Committee to schedule a further meeting for detailed engagement and questions.
19 March 2025	Central Drug Authority 2023/24 Annual Report; National Drug Master Plan update; with Deputy Minister	The Select Committee met with the Central Drug Authority (CDA), the Deputy Minister and the Department of Social Development (DSD) directorate to discuss the CDA's Annual Report for 2023/24. Although a review of the National Drug Master Plan (NDMP) was scheduled for presentation on the day, it was decided that the presentation would be submitted in writing to the Members due to technical problems experienced by the presenter. The CDA promised to follow up on any questions raised by Members in writing. The Deputy Minister said the CDA board, in its final year of tenure, sought to make a lasting impact in the fight against substance abuse in South Africa. The focus would be on prevention, as those who were already addicted had "crossed the Rubicon". This strong focus on prevention would achieve the vision that babies born in 2025 and the class of 2029 would enjoy the benefit of being free of substance abuse. He called for the advancement of 'one plan, one budget' to ensure greater efficiency in the work of the CDA and his directorate. However, the move to commit to a greater focus on prevention at the expense of rehabilitative treatment was not greeted with unanimous support from Members, some of whom believed that the treatment of active users also warranted attention. The Deputy Minister informed the Committee that working in silos had hindered progress in the work outlined in the NDMP, and said Members should be mindful that the CDA had only oversight and reporting functions and was not responsible for perceptions of poor performance by departments doing the work on the ground. A lack of participation by some government departments and municipal mayors presented a problem for the directorate and the CDA. Only 10% of mayors had established local drug action committees, an act he likened to "sabotage". He was also disheartened and deemed it unacceptable that the CDA's spending capacity had been cut in March. Committee Members, many of whom were passionate about the subject of substance abuse in the country, raised concerns with the CDA team. They highlighted the unfilled vacancies on the CDA board and questioned whether the work of the board could be seen on the ground in communities where it mattered most. The focus on the use and production of cannabis was also questioned, with some Members asserting that synthetic drugs posed an even greater danger to users and required a stronger focus. Although each province had been allocated a public drug rehabilitation centre, Members maintained that this was not enough, as private facilities often charged exorbitant fees for treatment. This denied many drug users access to restorative care. They stressed the importance of being able to measure the ongoing effectiveness of the CDA's work and the programmes implemented by departments.

3.8 Standing Committee on Public Accounts (SCOPA) resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
4 September 2024	SIU update on medico-legal claims and impact on the health sector; AGSA briefing on Transnet's financial performance and related matters	The Standing Committee on Public Accounts convened in Parliament to hear a briefing from the Special Investigating Unit (SIU) on medico-legal claims, including their impact on the health sector. It was reported that the claims under investigation include the targeting of families with children born with cerebral palsy, false claims of medical malpractice in State hospitals, and collusion between State healthcare workers and rogue lawyers to unlawfully secure private medical records to initiate claims against the government. In some cases, agents of rogue law firms impersonate officials of the South African Social Security Agency (SASSA) to secure power of attorney on behalf of victims while claiming to be securing their social grants.	The Committee is scheduled to hold a joint meeting with the Portfolio Committee on Health and the Standing Committee on Appropriations on the medico-legal claims and investigations on 11 September 2024 with the Department of Health.	N/A

3.9 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter*
None	Not applicable	Not applicable

3.10 Internal Audit Unit

Key activities and objectives of the internal audit (IA):

IA strengthens the department's ability to create, protect, and sustain value by providing the executive authority and management with independent, risk-based, and objective assurance, advice, insight, and foresight. Internal auditing enhances the department on amongst others, the successful achievement of its objectives, ability to serve the public interest, etc.

IA developed IA Strategy in line with the Global Internal Audit Standards (GIAS) which articulates its vision and supporting initiatives/strategies to realise its vision. Some of the strategies are: to enhance staffing capacity, forge close relations with stakeholders and use of technology to conduct audits.

The IA operated according to its approved audit charter which serves as its terms of reference. The IA developed a three-year risk based strategic audit plan and an annual plan which were approved by the ARC. The audits were conducted in line with the approved audit methodology. The IA Charter requires the Head of IA (Chief Audit Executive (CAE)) to report functionally to the ARC and administratively to the Accounting Officer. The CAE and IA staff signed declaration of independence when conducting the audits for objectivity purposes.

The Internal Audit Activity (IAA) has an in-house staff, which is not adequate, however, the gaps identified in this regard have been escalated to ARC and management for consideration. For specialised audit projects, IA utilised external service provider.

To ensure that the IAA conforms with the IA Standards, the IAA commenced with the process for the external quality assessment.

The IAA maintained good relations with the ARC, Management and External Auditors (AGSA). The AGSA relied on the work of Internal Audit (IA) and requested IA to assist in conducting some of its audit projects.

Summary of audit work done

IA planned and completed the following audits amongst others: Performance Information; Review of Annual Financial Statements; Transfer payments; Assets Management; Human resource Management; ICT audits; Adhoc Project (Inventory counts).

IA issued audit reports with recommendations and management provided action plans to address the findings. IA assisted with the development and monitoring of action plans to address prior year audit findings and recommendations of the external auditors (AGSA).

3.11 Audit and Risk Committee (ARC) Report

We are pleased to present our report for the financial year ending 31 March 2025.

Audit and Risk Committee responsibility

The Audit and Risk Committee (ARC) reports that it has complied with its responsibilities arising from section 38 (1) (a) (ii) of the Public Finance Management (PFMA) Act 1 of 1999 and Treasury Regulations 3.1.13. The ARC also reports that it has adopted appropriate formal terms of reference as its Charter, which is reviewed annually and has regulated the affairs of the Committee in compliance with this Charter. The ARC further confirms that it has discharged all its responsibilities as contained in the Charter.

Composition and Meetings of the Audit and Risk Committee

The Audit and Risk Committee comprises of five (5) independent members who have sufficient qualifications and experience to render the required Audit Committee function as stipulated in the committee terms of reference and is properly constituted to fulfil its mandate.

Name	Qualifications	Designation	Date appointed	End of term	Number of meetings attended
Dr C Motau	– Doctor Technologiae: Computer Science and Data Processing – Master's degree in Business Leadership – Master's degree in Information Technology – Bachelor of Commerce – Higher Diploma in Computer Auditing – Certificate in Information Technology Project Management – Certificate in Human Resource Management – Certificate in Executive Leadership	Non-executive Member	01 September 2019	31 August 2025	7
Ms ZM Kabini	– MCom in Business Management – BCom Honours in Informatics – BCom in Informatics – Diploma in Business Analysis – Management Development Programme	Non-executive Member	01 September 2019	31 August 2025	8
Mr C de Kock	– Professional Accountant (SAIPA) – Masters Business Degree in Auditing – Bachelor of Commerce Accounting, (Honours). – Bachelor of Commerce Accounting (Honours). – Certified Information Systems Auditor (CISA) - Global certification – Certified Internal Auditor (CIA) – Global certification	Non-executive Member	25 May 2018	24 August 2024	3
Ms JS Masite	– B Com – Chartered Internal Auditor – Qualification in Internal Audit Leadership – Certified Internal Auditor (CIA) – Certified Fraud Examination (CFE) – Certificate in Fraud Examination and Forensic Accounting – Certified Internal Control	Non-executive Member	25 August 2024	24 August 2027	4
Mr S Maharaj	– Master's degree in Business Administration – BCom Honours – BCom – Chartered Accountant (SA)	Non-executive Member	25 August 024	24 August 2027	5
Mr CD Boltman	– Master's degree in Business Administration	Non-executive Member	25 August 2024	24 August 2027	5

3.11 Audit and Risk Committee focus areas

Effectiveness of Internal Control systems

The systems of internal control are designed to provide cost-effective assurance in achieving the Department's objectives by ensuring that assets are safeguarded, operations are effective and efficient, financial and performance information is reliable, and there is compliance with the laws and regulations.

The Audit and Risk Committee provided oversight on the operations and business activities of the Department through the quarterly reporting processes by Management as well as the internal audit reviews, as prioritised in the approved risk-based Annual Audit Plan. The systems of internal control within the Department were not entirely effective for the year under review, and the Audit and Risk Committee is of the opinion that both the AGSA (in particular repeat findings) and Internal Audit findings should be addressed timeously for effective systems of internal controls.

Internal Audit effectiveness

In line with the PFMA and the King IV Report requirements relating to Public Sector, Internal Audit (IA) provides the Audit and Risk Committee and Management with assurance that the internal controls are adequate and effective. This is achieved by means of an appropriate quarterly reporting process, as well as the identification of corrective actions and suggested enhancements to the controls and processes.

The Audit and Risk Committee is satisfied with the activities of the IA function, including its annual work programme, co-ordination with the external auditors, and follow-ups on management corrective action plans. Based on the IA reports, there are indications that systems of internal control were adequate in most areas. However, there is still room for improvement in areas where control deficiencies and deviations from prescripts and policies were highlighted. With regard to its evaluation of the adequacy and effectiveness of internal controls, the Audit and Risk Committee receives reports from IA on a quarterly basis, assesses the effectiveness of IA function, and reviews and approves the IA annual and Three-Year Audit Rolling Plans.

The Audit and Risk Committee monitored and reviewed, where appropriate, actions taken by Management regarding adverse IA findings. The Audit and Risk Committee has overseen a process by which IA has performed audits according to a risk-based audit plan where the effectiveness of risk management and internal controls were evaluated. These evaluations were the main input considered by the Audit and Risk Committee in reporting on the effectiveness of internal controls. The Audit and Risk Committee is satisfied with the independence and effectiveness of the IA function.

Governance and Ethics

The Department has adopted the corporate governance principles of the King Code of Governance in South Africa applicable to the public sector. The Audit and Risk Committee continues to monitor the key governance interventions of the Department as required; however, there is a need for continued improvement in this area.

There is focus on ethics within the Department to continue to improve of awareness and understanding of ethics at all levels within the Department. Furthermore, the Department requires that all members of the Senior Management Services (SMS), Middle Management Service, Supply Chain Management and Finance officials, complete a financial disclosure declaration.

Information and Communication Technology (ICT) Governance

The Audit and Risk Committee reviewed progress with respect to ICT governance in line with the ICT Governance Policy Framework issued by the Department of Public Service and Administration and the Ministerial Directives. The Audit and Risk Committee noted the misalignment of the ICT structure to the ICT Strategy resource requirements to deliver on the technology roadmap. The Committee further noted that the ICT Steering Committee has been established; however, it is not operating effectively and there is a need to improve ICT project governance and allocation of budget for ICT projects.

Main activities undertaken by the Audit Committee during the financial year under review, include reviewed and monitoring of:

The Audit and Risk Committee is pleased to report that it has complied with its responsibilities arising from its terms of reference, including relevant legislative requirements. For the financial year ended 31 March 2025, the Audit and Risk Committee reviewed:

- Interim Financial Statements and Performance Reports;
- unaudited Annual Financial Statements (AFS) before submission to the AGSA;
- audited Annual Financial Statements to be included in the Annual Report;
- the AGSA's Audit Report, Management Report and Management's response thereto;
- the appropriateness of Accounting Policies and Procedures;

- the effectiveness of the system of risk management;
- compliance with relevant laws and regulations;
- the system of ICT Governance;
- the audit plans and reports of IA and the AGSA; and
- the Audit and Risk Committee and IA Charters.

The Audit and Risk Committee also held separate meetings with the Accounting Officer and assurance providers.

In-Year Management and Monthly/Quarterly Reports

We reviewed the in-year quarterly reports submitted together with the Internal Audit comments thereon. The Audit and Risk Committee is satisfied with the content and quality of the quarterly reports prepared and issued by the Acting Accounting Officer and Management during the year under review. In some instances, the Committee made recommendations for improvement and noted management committed and improvements certain areas. The Department has been reporting on a monthly and quarterly basis to National Treasury as is required by the PFMA. There continues to be a notable improvement in the quality of the financial management and performance information reports, as well as management's commitment to implementing corrective action plans to address the previous AGSA and Internal Audit findings. However, there are a number of prior findings that require immediate attention.

Risk Management

The Audit and Risk Committee chaired by an independent person, plays an oversight role the on system of risk management. Strategic and Operational risk assessments were conducted for the year under review. The Committee also reviewed the Risk Management Policy, Strategy and Implementation Plan and recommended same for approval by the Director-General. The Committee monitored the implementation of the approved risk management plan on a quarterly basis and is satisfied with the implementation of risk management process. The external audit assurance also gave a positive assessment on the system of risk management in the department. The Committee noted the positive assessment of Risk Management in the department through an independent review.

Adequacy, reliability and accuracy of the financial and performance information

The financial and performance information presented has been assessed in terms of its adequacy, reliability, and accuracy. Based on the current review, the data appears sufficiently detailed to support decision-making and reflects the Department's financial position and operational progress in a consistent manner. However, while the reporting mechanisms in place suggest a reasonable degree of reliability, it is recommended that internal controls and periodic validations continue to be strengthened to mitigate potential risks and ensure long-term accuracy. Ongoing improvements in data governance and audit processes will further enhance the credibility and usefulness of the information provided.

Combined Assurance

The Committee approved a Combined assurance plan during the financial year and continue to monitor and advise on working relationships between assurance providers.

Evaluation of Annual Financial Statements and Performance Information

The Committee has:

- Reviewed the draft AFS and Performance Information Report to be included in the Annual Report;
- Noted the AGSA's Management and Audit Reports as presented and Management responses thereto;
- Noted adjustments to the AFS resulting from the audit;
- Reviewed changes in accounting policies and practices; and
- Reviewed departmental compliance with applicable regulatory provisions.

Compliance with laws and regulations

During the 2024/25 financial year, the Committee:

- considered the system and processes used by the Department to ensure compliance with regulations;
- monitored compliance with laws and regulations; and
- reviewed the internal and external audit reports to identify any compliance issues.

External Audit

The Audit and Risk Committee has reviewed the outcome of the external audit and notes with appreciation the independent auditor's findings and recommendations. The audit was conducted in accordance with applicable standards and provided reasonable assurance on the financial statements' integrity and compliance. The Committee acknowledges the auditor's role in reinforcing

transparency and accountability and will continue to monitor the implementation of corrective actions where needed. The external audit serves as a critical oversight mechanism, and its results contribute meaningfully to strengthening internal controls and governance practices.

Conclusion

The Committee is pleased to note the Auditor-General's opinion that the Financial Statements fairly present the financial position of the Department for the year ending March 2025. The Committee is pleased that the audit outcome remains an unqualified audit opinion.

The Committee concurs and accepts the conclusions of the Auditor General South Africa on the Annual Financial Statements and is of the opinion that the audited annual financial statements be accepted and read together with the report of the Auditor General South Africa.

Appreciation

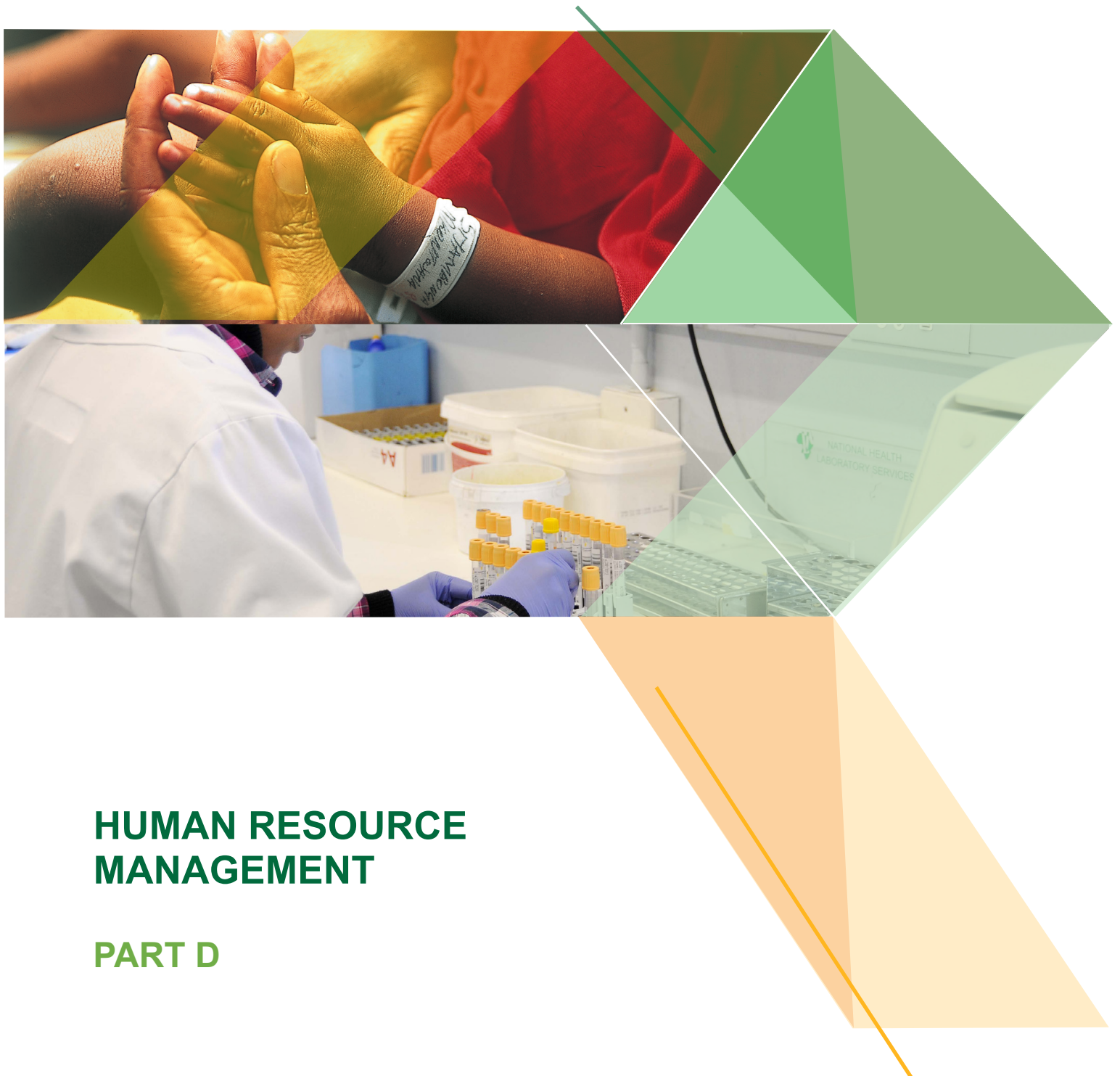
The Committee expresses its appreciation to the Director-General, Senior Management team, Internal Audit and the Auditor-General South Africa, for their continued support and dedication during the year under review.



Dr Charles Motau (AMBCI)
Chairperson of the Audit and Risk Committee
National Department of Health
Date: 11 August 2025

3.12 B-BBEE Compliance Performance Information

Has the Department applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regard to the following:		
Criteria	Response: Yes/No	Discussion (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions, or other authorisations in respect of economic activity in terms of any law?	No	The SCM has no role to play in this type of activity, as these are specific to end-users.
Developing and implementing a preferential procurement policy?	Yes	The Department utilises the 2022 Preferential Regulations for compliance.
Determining qualification criteria for the sale of State-owned enterprises?	No	The Department does not govern any State-owned enterprises.
Developing criteria for entering partnerships with the private sector?	No	The Department, in most cases, follows an open tender process, and in instances where the tender process is not followed, a non-SCM-related regime is followed, such as Memoranda of Understanding (MoUs) and Memoranda of Agreement (MoAs).
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad-based Black Economic Empowerment?	No	The Department did not conduct any activity related to this requirement during the year under review.



HUMAN RESOURCE MANAGEMENT

PART D

Legislation and policies that govern Human Resources Management

POLICY	OBJECTIVE
Basic Conditions of Employment Act	To give effect to the right to fair labour practices referred to in Section 23(1) of the Constitution by establishing and making provision for the regulation of the Basic Conditions of Employment Act.
Constitution of the Republic of South Africa	Provides the supreme law of the Republic; any law or conduct that is inconsistent with it is invalid.
Employee Relations Act 66 of 1995	Advances economic development, social justice, labour, peace, and the democratisation of the workplace by fulfilling the primary objectives of the Act.
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace.
Human Resource Development Strategy for public services Vision 2015	Addresses the major human resource capacity constraints currently hampering the effective and equitable delivery of public services.
National Human Resource Development Strategy	Maximises the potential of the people of SA, through the acquisition of knowledge and skills, to work productively and competitively to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this.
Occupational Health and Safety Act 85 of 1993	Provides for occupational health and safety standards that need to be adhered to by the department and the monitoring and evaluation thereof.
Public Finance Management Act 1 of 1999	Provides for the administration of State funds by functionaries, their responsibilities, and related incidental matters.
Public Service Regulations, 2016	Provides a new framework for management of the public service, including decentralised decision-making and planning within the boundaries of national strategies, programmes and policies.
Skills Development Act 97 of 1998	Establishes a high-quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment-generation and economic growth.
White Paper on Human Resource Management in the Public Service	Ensures that Human Resource Management in public service becomes a model of excellence, in which the management of people is seen as everyone's responsibility and is conducted in a professional manner.
White Paper on Public Service Delivery – Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery.
White Paper on Transformation of the Public Services	Provide for a strategic framework for public services transformation to support the service delivery objective of Government.

4.1 Introduction

The Chief Directorate: Human Resource Management and Development (HRM&D) continued to provide strategic advisory and administrative support aimed at professionalising the Department. These interventions include efficient management of employee acquisition, orientation and induction, as well as development and management of performance towards achieving organisational objectives.

For the year under review, the Chief Directorate: HRM&D has maintained post establishment in line with prescribed DPSA control measures, and has significantly progressed in the filling priority positions. In line with the SLA, the Chief Directorate: HRM&D continued providing ongoing support

to the BMA on the management of OSD for health support personnel.

4.1.1 Human Resource Service Charter

The Chief Directorate: Human Resource Management and Development undertakes to render improved HR value-chain services in achieving the service standard commitment contained in the Charter, resulting in HR value-add in attaining organisational objectives. The Chief Directorate continues to monitor the implementation of standard operating procedures towards attaining performance standards and will adjust these accordingly in line with the Department's evolving operational requirements.

4.1.2 Organisational Development

The Chief Directorate implemented control measures on PERSAL in supporting the Department to operate within the MTEF and CoE ceiling when creating and filling vacant posts. During the 2024/25 financial year, funded priority posts were created on PERSAL while unfunded posts were abolished. The Department aspired to maintain a low vacancy rate as prescribed by the DPSA.

4.1.3 Recruitment

The Chief Directorate embarked on the process of filling the identified priority posts. The said process ensures that the Department appoints and retains the best available employees in line with the employment equity targets so that the staff complement reflects the demographics of the country.

4.1.4 Performance Management

Performance culture was institutionalised in support of attaining organisational objectives. Furthermore, a progressive and optimised learning environment was created in the Department through a departmental training plan that caters for various skills programmes towards ensuring holistic employee development.

4.1.5 Employee Wellness

The Department ensured effective management of Employee Wellness Services and productivity enhancement programmes. Healthy lifestyles were promoted for the improvement of the employees' quality of life through various interventions.

4.1.6 Labour Relations

The Department continued to effectively manage collective bargaining, grievances, disputes and disciplinary matters, thereby ensuring that internal departmental practices are legislatively correct and there is harmonious working environment.

4.1.7 HR challenges and future human resource plans/goals

The current Human Resources services are heavily paper-reliant. The Unit is migrating towards digitalisation, commencing with an e-recruitment system. The benchmarking process for this system has been finalised, and the unit is compiling a business case for sourcing a suitable service provider.

4.2 Human Resources Oversight Statistics

4.2.1 Personnel Related Expenditure

Table 4.2.1.1 - Personnel expenditure by programme for the period 1 April 2024 to 31 March 2025

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Personnel expenditure as a % of total expenditure *1	No. of employees *3	Average personnel cost per employee (R'000) *2
Administration	640 162	259 460	4 956	40,5	426	609 061
NHI, Health PLN & Sys Enable	1 114 334	67 948	762	6,1	79	860 101
HIV & AIDS, TB & Child Health	25 427 846	137 887	0	0,5	87	1 584 913
Primary Health Care Services	3 295 525	43 896	0	1,3	102	430 351
Hospital, Tertiary Services & HR Dev	23 810 516	27 809	0	0,1	78	356 522
Health Regulation & Compliance Mgt	7 508 286	102 258	0	1,4	87	1 175 383
Z=Total as on Financial Systems (BAS)	61 796 668	639 258	5 718	1,0	859	744 189

* 1: Compensation of employees' expenditure divided by total voted expenditure multiplied by 100

* 2: Compensation of employees' expenditure divided by number of employees per programme

*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.2 - Personnel costs by salary band for the period 1 April 2024 to 31 March 2025

Salary Bands	Personnel Expenditure (R'000)	% of total personnel cost *1	No. of employees *3	Average Personnel cost per employee (R') *2
Lower Skilled (Levels 1-2)	2 196	0,3	28	78 413
Skilled (Levels 3-5)	61 534	9,6	188	327 307
Highly Skilled production (Levels 6-8)	141 845	22,2	273	519 580
Highly Skilled supervision (Levels 9-12)	284 481	44,5	267	1 065 470
Senior and Top Management (Levels 13-16)	149 203	23,3	103	1 448 572
TOTAL	639 258	100,0	859	744 189

* Includes Minister and Deputy Minister and are accounted for on level 16

* 1: Compensation of employees divided by total Personnel cost for Department multiplied by 100

* 2: Compensation of employees per salary band divided by number of employees per salary band (in hundreds)

*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.3 - Salaries, Overtime, Homeowners Allowance and Medical Aid by programme for the period 1 April 2024 to 31 March 2025

	Salaries		Overtime		HOA		Medical Aid		Total Personnel Cost per Programme (R'000)
	Amount (R'000)	Salaries as % of Personnel Cost *1	Amount (R'000)	Overtime as % of Personnel Cost *2	Amount (R'000)	HOA as % of Personnel Cost *3	Amount (R'000)	Medical Subsidy as % of Personnel Cost *4	
Administration	171 723	66,2	347	0,1	6 541	2,5	12 644	4,9	259 460
NHI, Health PLN & Syt Enablement	47 588	70,0	6	0,0	1 057	1,6	1 906	2,8	67 948
HIV & AIDS, TB & Child Health	103 322	74,9	21	0,0	2 998	2,2	5 051	3,7	137 887
Primary Health Care Services	30 943	70,5	378	0,9	896	2,0	1 565	3,6	43 896
Hospital, Tertiary Services & HR Dev	19 172	68,9	145	0,5	412	1,5	732	2,6	27 809
Health Regulation & Compliance Mgt	71 937	70,3	0	0,0	2 613	2,6	5 366	5,2	102 258
Total	444 686	69,6	898	0,1	14 518	2,3	27 264	4,3	639 258

* 1: Salaries divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

* 2: Overtime divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

* 3: Homeowner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

* 4: Medical Subsidy divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

Table 4.2.1.4 - Salaries, Overtime, Homeowners Allowance and Medical Aid by Salary Band for the period 1 April 2024 to 31 March 2025

Salary bands	Salaries		Overtime		HOA		Medical Aid		Total Personnel Cost per Salary Band (R'000)
	Amount (R'000)	Salaries as % of Personnel Cost *1	Amount (R'000)	Overtime as % of Personnel Cost *2	Amount (R'000)	HOA as % of Personnel Cost *3	Amount (R'000)	Medical Subsidy as % of Personnel Cost *4	
Lower Skilled (Levels 1-2)	2 172	98,9	21	1,0	0	0,0	0	0,0	2 196
Skilled (Levels 3-5)	40 426	65,7	107	0,2	3 679	6,0	7 949	12,9	61 534
Highly Skilled production (Levels 6-8)	100 317	70,7	452	0,3	5 584	3,9	11 248	7,9	141 845
Highly Skilled supervision (Levels 9-12)	203 741	71,6	317	0,1	3 699	1,3	6 985	2,5	284 481
Senior and Top Management (Levels 13-16)	98 028	65,7	0	0,0	1 556	1,0	1 082	0,7	149 203
TOTAL	444 686	69,6	898	0,1	14 518	2,3	27 264	4,3	639 258

* 1: Salaries divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 2: Overtime divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 3: Homeowner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 4: Medical Subsidy divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

4.3 Employment and vacancies

Table 4.3.1 - Employment and vacancies by programme as on 31 March 2025

	Number of posts on approved establishment	Number of posts filled	Vacancy rate *1	Number of employees additional to the establishment
Administration	467	422	8,8	4
NHI	102	64	22,5	15
HIV AIDS TB Maternal & Child Health	103	87	15,5	0
Primary Health Care	123	96	17,1	6
Hospitals Tertiary Service & HRD	87	76	10,3	2
Health Regulation & Compliance Management	95	87	8,4	0
TOTAL	977	832	12,1	27

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts

Office note: Post listed includes only Voted Funds

Table 4.3.2 - Employment and Vacancies by Salary Band as on 31 March 2025

Salary Band	Number of posts on approved establishment	Number of posts filled	Vacancy rate *1	Number of employees additional to the establishment
Lower skilled (1-2)	30	26	6,7	2
Skilled (3-5)	191	188	1,6	0
Highly skilled production (6-8)	283	265	3,5	8
Highly skilled supervision (9-12)	347	259	23,1	8
Senior Management (13-16)	126	94	18,3	9
TOTAL	977	832	12,1	27

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100

Office note: Post listed includes only Voted Funds

Table 4.3.3 - Employment and vacancies by critical occupation as on 31 March 2025

Critical Occupations	Number of Posts on Approved Establishment	Number of posts filled	Vacancy Rate *1	Number of employees additional to the establishment
Administration Clerks	90	90	0,0	0
Administration Officer	76	75	1,3	0
Administrative and Governance Policy Manager	8	7	12,5	0
Caretaker/ Cleaner	4	4	0,0	0
Chief Financial Officer	1	1	0,0	0
Child And Youth Care Service Manager	1	1	0,0	0
Clerical Supplement. Workers Not Elsewhere Classified	8	6	0,0	2
Clinical Nurse Practitioner	1	0	100,0	0
Communication and Marketing Manager	3	2	33,3	0
Database Designer and Administrator	1	1	0,0	0
Dental Therapist	1	0	100,0	0
Dietician	8	3	62,5	0
Engineering Manager	1	1	0,0	0
Environmental Health Officer	24	15	25,0	3
Environmental Manager	2	2	0,0	0
Facilities Manager	1	1	0,0	0
Filing and Registry Clerk	9	8	11,1	0
Finance Clerk	22	22	0,0	0
Finance Manager	9	8	11,1	0
Financial Accountant	6	6	0,0	0
General Accountant	1	1	0,0	0
General Medicine Specialist Physician	1	1	0,0	0
Graphic Designer	1	1	0,0	0
Handyperson	1	1	0,0	0
Heads of National Department	1	1	0,0	0
Health Care Manager	56	38	23,2	5
Hospital Pharmacist	5	4	20,0	0
Human Resource Clerk	31	31	0,0	0
Human Resource Manager	10	8	20,0	0
Human Resource Practitioner	7	7	0,0	0
ICT Systems Analyst	18	12	5,6	5
Information Technology & Systems Manager	5	3	20,0	1
Internal Audit Manager	1	1	0,0	0
Internal Auditor	5	5	0,0	0
Legal Administration Officer	5	4	0,0	1
Legal Related Manager	5	3	20,0	1
Library Assistant	1	1	0,0	0
Light Vehicle Driver	3	1	66,7	0
Managers not elsewhere classified	2	1	0,0	1
Medical Biological Scientist	31	20	35,5	0
Medical Diagnostic Radiographer	1	1	0,0	0
Medical Technologist	1	1	0,0	0
Messengers	9	9	0,0	0
Middle Manager: Human Resource & Organisational Development .Related	21	17	19,0	0
Middle Manager: Administrative Related	62	47	22,6	1
Middle Manager: Emergency Services Related	3	3	0,0	0
Middle Manager: Engineering Sciences Related	4	3	25,0	0
Middle Manager: Finance and Economics Related	23	19	17,4	0
Middle Manager: Health Science Related	87	61	26,4	3
Middle Manager: Information Technology Related	18	12	27,8	1

Middle Manager: Internal Audit Related	4	4	0,0	0
Middle Manager: Social Science Related	6	6	0,0	0
Middle Manager: Communication & Information Related	7	7	0,0	0
Network Analyst	1	1	0,0	0
Nutritionist	1	1	0,0	0
Office Cleaner	26	24	7,7	0
Orthodontist	1	1	0,0	0
Other Middle Manager	12	10	16,7	0
Other Occupations	2	2	0,0	0
Personal Assistant	69	69	0,0	0
Professionals not elsewhere classified.	11	11	0,0	0
Programme or Project Manager	2	1	50,0	0
Programmer Analyst	1	1	0,0	0
Protect Rescue Social Health Support Personnel Not Classified	2	2	0,0	0
Public Health Medicine Specialist	7	2	28,6	3
Public/Media Relations Manager	2	2	0,0	0
Quality Manager	1	1	0,0	0
Radiographic Technician	1		100,0	0
Receptionist (General)	2	2	0,0	0
Risk And Integrity Manager	3	2	33,3	0
Safety / Health Environ.& Quality (SHE&Q) Practitioner	1	1	0,0	0
Security Officer	48	46	4,2	0
Social Services Manager	2	1	50,0	0
Social Worker	3	2	33,3	0
Staff Nurse	1	1	0,0	0
Strategy/Monitoring &Evaluation Manager	4	3	25,0	0
Supply Chain Clerk	45	43	4,4	0
Supply Chain Manager	3	3	0,0	0
Supply Chain Practitioner	7	6	14,3	0
Switchboard Operator	3	3	0,0	0
Training And Development Professional	2	2	0,0	0
Web Administrator	2	2	0,0	0
TOTAL	977	832	12,1	27

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100

Office note: Post listed includes only Voted Funds

* 2: SMS Members are aligned to the new Occupational Classification Dictionary with effect from February 2024.

4.4 Filling of SMS posts

Table 4.4.1 - SMS post information as on 31 March 2025

SMS Level	Total number of funded SMS Posts	Total number of SMS posts filled	% of SMS posts filled *1	Total number of SMS posts vacant	% of SMS posts vacant *2
Director-General / Head of Department	1	1	100,0	0	0,0
Salary Level 16, but not HOD	3	3	100,0	0	0,0
Salary Level 15	10	8	80,0	2	20,0
Salary Level 14	30	23	76,7	7	23,3
Salary Level 13	82	68	82,9	14	17,1
Total	126	103	81,7	23	18,3

*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.2 - SMS post information as on 30 September 2024

SMS Level	Total number of funded SMS Posts	Total number of SMS posts filled	% of SMS posts filled *1	Total number of SMS posts vacant	% of SMS posts vacant *2
Director-General / Head of Department	1	1	100,0	0	0,0
Salary Level 16, but not HOD *2	3	2	66,7	1	33,3
Salary Level 15	10	8	80,0	2	20,0
Salary Level 14	31	23	74,2	8	25,8
Salary Level 13	83	66	79,5	17	20,5
Total	128	100	78,1	28	21,9

*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.3 - Advertising and filling of SMS posts for the period 1 April 2024 to 31 March 2025

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	0	0	2
TOTAL	0	0	0

Table 4.4.4 - Reasons for not having complied with the filling of funded vacant SMS posts - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2024 to 31 March 2025.

Reasons for vacancies not advertised within six months
The Directive on cost containment measures has had a negative impact on the timeframe for the filling of vacancies.
Reasons for vacancies not filled within twelve months
The Directive on cost containment measures has had a negative impact on the timeframe for the filling of vacancies.

Table 4.3.5 - Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2024 to 31 March 2025.

Reasons for vacancies not advertised within six months
None
Reasons for vacancies not filled within twelve months
None

4.5 JOB EVALUATION

Table 4.5.1 - Job Evaluation by Salary Band for the period 1 April 2024 to 31 March 2025

Salary Band	Number of posts on approved establishment	Number of Jobs Evaluated	% of Posts Evaluated per salary band *1	Posts Upgraded		Posts Downgraded	
				Number	% of posts evaluated *2	Number	% of posts evaluated *3
Lower Skilled (Level 1-2)	30	0	0,0	0	0	0	0
Skilled (Levels 3-5)	191	0	0,0	0	0	0	0
Highly Skilled production (Levels 6-8)	283	2	0,7	0	0	0	0
Highly Skilled supervision (Levels 9-12)	347	15	4,3	0	0	0	0
Senior Management Service Band A	82	4	4,9	0	0	0	0
Senior Management Service Band B	30	2	6,7	0	0	0	0
Senior Management Service Band C	10	1	10,0	0	0	0	0
Senior Management Service Band D	4	0	0,0	0	0	0	0
TOTAL	977	24	2,5	0	0,0	0	0,0

*1 Number of posts Evaluated divided by Total Number of Post multiplied by 100

*2 Number of posts Upgraded divided by Total Number of Post multiplied by 100

*3 Number of posts Downgraded divided by Total Number of Post multiplied by 100

Table 4.5.2 - Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2024 to 31 March 2025

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Table 4.5.3 - Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2024 to 31 March 2025

Total number of employees whose salaries exceeded the level determined by job evaluation	None
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Table 4.5.4 - Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2024 to 31 March 2025.

Total number of employees whose salaries exceeded the level determined by job evaluation	None
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4.6 Employment changes

Table 4.6.1 - Annual turnover rates by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	Number of employees at beginning of period 1 April 2023	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate *1
Lower Skilled (Levels 1-2)	14	14	2	7,1
Skilled (Levels 3-5)	193	4	8	4,1
Highly Skilled Production (Levels 6-8)	275	5	10	3,6
Highly Skilled Supervision (Levels 9-12)	270	20	21	7,2
Senior Management Service Band A	65	5	4	5,7
Senior Management Service Band B	21	3	2	8,3
Senior Management Service Band C	9	3	4	33,3
Senior Management Service Band D	3	3	2	33,3
TOTAL	850	57	53	5,8

*1: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.2 - Annual turnover rates by critical occupation for the period 1 April 2024 to 31 March 2025

Critical Occupations	Number of employees at beginning of period 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate *1
Administration Clerks	95	0	4	4,2
Administration Officer	76	0	3	3,9
Administrative and Governance Policy Manager	8	3	4	36,4
Chief Financial Officer	1	0	0	0,0
Caretaker/ Cleaners	4	4	0	0,0
Clerical Supplementary Workers Not Elsewhere Classified	0	8	0	0,0
Clinical Nurse Practitioner	0	1	1	100,0
Child and Youth Care Service Manager	1	0	0	0,0
Communication and Marketing Manager	4	0	2	50,0
Community Development Practitioner	1	0	1	100,0
Database Designer and Administrator	1	0	0	0,0
Dietician	3	0	0	0,0
Engineering Manager	1	0	0	0,0
Environmental Health Officer	13	6	1	5,3
Environmental Manager	1	0	0	0,0
Facilities Manager	1	0	0	0,0
Filing and Registry Clerk	8	0	0	0,0
Finance Clerk	19	3	0	0,0
Finance Manager	8	0	0	0,0
Financial Accountant	6	0	0	0,0
General Accountant	1	0	0	0,0
Graphic Designer	1	0	0	0,0
Handyperson	1	0	0	0,0
Heads of National Department	1	0	0	0,0
Health Care Manager	39	4	1	2,3
Hospital Pharmacist	4	1	0	0,0
Human Resource Clerk	30	2	1	3,1
Human Resource Manager	8	0	0	0,0
Human Resource Practitioner	6	0	0	0,0
ICT Systems Analyst	17	0	0	0,0
Information Technology & Systems Manager	3	0	0	0,0
Information Technology Related	4	0	0	0,0
Internal Audit Manager	1	0	0	0,0
Internal Auditor	4	1	0	0,0
Legal Administration Officer	4	1	1	20,0
Legal Related Manager	2	2	0	0,0
Library Assistant	1	0	0	0,0
Light Driver	1	0	0	0,0
Managers Not Elsewhere Classified	2	0	1	50,0
Medical Biological Scientist	21	0	1	4,8
Medical Diagnostic Radiographer	1	0	0	0,0
Medical Technicians/Technologists	1	0	0	0,0
Messengers	9	0	0	0,0
Middle Manager: Human Resource & Organisational Development Related	19	0	2	10,5
Middle Manager: Administrative Related	51	4	6	10,9
Middle Manager: Emergency Services Related	3	0	0	0,0
Middle Manager: Engineering Sciences Related	3	0	0	0,0
Middle Manager: Finance And Economics Related	18	1	0	0,0
Middle Manager: Health Science Related	69	4	5	6,8
Middle Manager: Information Technology Related	9	3	2	16,7
Middle Manager: Internal Audit Related	5	0	1	40,0
Middle Manager: Social Science Related	6	0	0	16,7
Middle Manager: Communication & Information Related	7	0	0	0,0
Nutritionist	1	0	0	0,0
Office Cleaner	24	0	4	16,7
Orthodontist	1	0	0	0,0
Other Middle Manager	10	1	1	9,1
Other Occupations	2	2	2	50,0
Personal Assistant	72	0	2	2,8
Policy and Planning Managers	1	0	0	0,0
Professionals Not Elsewhere Classified.	11	0	0	0,0
Programmer Analyst	1	0	0	0,0

Protect Rescue Social Health Support Personnel Not Classified	2	0	0	0,0
Public Health Medicine Specialist	3	1	0	0,0
Public/Media Relations Manager	1	1	0	0,0
Risk And Integrity Manager	0	2	0	0,0
Quality Manager	1	0	0	0,0
Receptionist (General)	3	0	1	33,3
Safety/Health & Environ. & Quality (She&Q) Practitioner	1	0	0	0,0
Security Officer	48	0	3	6,3
Social Services Manager	2	0	1	50,0
Social Worker	2	0	0	0,0
Staff Nurse	1	0	0	0,0
State Owned Entities and Oversight Manager	1	0	0	0,0
Strategy/Monitoring & Evaluation Manager	3	0	0	0,0
Supply Chain Clerk	40	2	2	4,8
Supply Chain Manager	3	0	0	0,0
Supply Chain Practitioner	6	0	0	0,0
Switchboard Operator	3	0	0	0,0
Training and Development Professional	2	0	0	0,0
Web Administrator	2	0	0	0,0
TOTAL	850	57	53	5,8

*1: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.3 - Reasons why staff left the department for the period 1 April 2023 to 31 March 2024

Termination Type	Number of employees terminated	% of total terminations *1
Death,	2	3,8
Resignation,	17	32,1
Expiry of contract,	16	30,2
Dismissal - operation changes	0	0,0
Dismissal - misconduct	0	0,0
Dismissal - inefficiency	0	0,0
Discharged due to ill health	1	1,9
Retirement,	16	30,2
Transferred Out of the Dept	1	1,9
Other,	0	0,0
TOTAL	53	100,0
Total number of employees who left as a % of total employment *2		6%

*1 Number of employees terminated divide by Total Termination multiplied by 100

*2 Number of employees terminated divided by Total Employment as at start of period of 1 April 2024 multiplied by 100

Table 4.6.4 - Promotions by critical occupation for the period 1 April 2024 to 31 March 2025

Occupation	Employees 1 April 2023	Promotions to another Salary Level	Salary Level Promotions as a % of Employment *1	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment *2
Administration Clerks	95	6	6,3	82	86,3
Administration Officer	76	3	3,9	44	57,9
Administrative And Governance Policy Manager	8	0	0,0	1	12,5
Chief Financial Officer	1	0	0,0	0	0,0
Caretaker/ Cleaners	4	0	0,0	0	0,0
Child and Youth Care Service Manager	1	0	0,0	0	0,0
Communication And Marketing Manager	4	0	0,0	0	0,0
Community Development Practitioner	1	0	0,0	0	0,0
Database Designer And Administrator	1	0	0,0	1	100,0
Dietician	3	0	0,0	3	100,0
Engineering Manager	1	0	0,0	0	0,0
Environmental Health Officer	13	1	7,7	8	61,5
Environmental Manager	1	0	0,0	1	100,0
Facilities Manager	1	0	0,0	1	100,0
Filing And Registry Clerk	8	0	0,0	7	87,5
Finance Clerk	19	0	0,0	17	89,5
Finance Manager	8	0	0,0	7	87,5
Financial Accountant	6	0	0,0	3	50,0
General Accountant	1	0	0,0	0	0,0
Graphic Designer	1	0	0,0	1	100,0
Handyperson	1	0	0,0	0	0,0

Occupation	Employees 1 April 2023	Promotions to another Salary Level	Salary Level Promotions as a % of Employment *1	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment *2
Heads of National Department	1	0	0,0	0	0,0
Health Care Manager	39	1	2,6	19	48,7
Hospital Pharmacist	4	0	0,0	0	0,0
Human Resource Clerk	30	1	3,3	13	43,3
Human Resource Manager	8	0	0,0	6	75,0
Human Resource Practitioner	6	1	16,7	6	100,0
Ict Systems Analyst	17	0	0,0	13	76,5
Information Technology & Systems Manager	3	0	0,0	0	0,0
Information Technology Related	4	0	0,0	0	0,0
Internal Audit Manager	1	0	0,0	0	0,0
Internal Auditor	4	2	50,0	1	25,0
Legal Administration Officer	4	0	0,0	0	0,0
Legal Related Manager	2	0	0,0	2	100,0
Library Assistant	1	0	0,0	1	100,0
Light Driver	1	0	0,0	0	0,0
Managers Not Elsewhere Classified	2	0	0,0	0	0,0
Medical Biological Scientist	21	1	4,8	11	52,4
Medical Diagnostic Radiographer	1	0	0,0	1	100,0
Medical Technicians/Technologists	1	0	0,0	1	100,0
Messengers	9	0	0,0	8	88,9
Middle Manager: Human Resource & Organisational Development Related	19	0	0,0	11	57,9
Middle Manager: Administrative Related	51	1	2,0	36	70,6
Middle Manager: Emergency Services Related	3	0	0,0	2	66,7
Middle Manager: Engineering Sciences Related	3	0	0,0	1	33,3
Middle Manager: Finance And Economics Related	18	0	0,0	11	61,1
Middle Manager: Health Science Related	69	2	2,9	49	71,0
Middle Manager: Information Technology Related	9	0	0,0	4	44,4
Middle Manager: Internal Audit Related	5	0	0,0	3	60,0
Middle Manager: Social Science Related	6	0	0,0	2	33,3
Middle Manager: Communication & Information Related	7	0	0,0	5	71,4
Nutritionist	1	0	0,0	1	100,0
Office Cleaner	24	0	0,0	22	91,7
Orthodontist	1	0	0,0	0	0,0
Other Middle Manager	10	0	0,0	9	90,0
Other Occupations	2	0	0,0	0	0,0
Personal Assistant	72	3	4,2	54	75,0
Policy And Planning Managers	1	0	0,0	0	0,0
Professionals Not Elsewhere Classified.	11	2	18,2	4	36,4
Programmer Analyst	1	0	0,0	1	100,0
Protect Rescue Social Health Support Personnel Not Classified	2	0	0,0	2	100,0
Public Health Medicine Specialist	3	0	0,0	1	33,3
Public/Media Relations Manager	1	0	0,0	1	100,0
Quality Manager	1	0	0,0	0	0,0
Receptionist (General)	3	0	0,0	1	33,3
Safety/Health Environ.& Quality (She&Q) Practitioner	1	0	0,0	0	0,0
Security Officer	48	0	0,0	29	60,4
Social Services Manager	2	0	0,0	0	0,0
Social Worker	2	0	0,0	1	50,0
Staff Nurse	1	0	0,0	0	0,0
State Owned Entities And Oversight Manager	1	0	0,0	1	100,0
Strategy/Monitoring &Evaluation Manager	3	0	0,0	2	66,7
Supply Chain Clerk	40	3	7,5	25	62,5
Supply Chain Manager	3	2	66,7	3	100,0
Supply Chain Practitioner	6	0	0,0	3	50,0
Switchboard Operator	3	0	0,0	3	100,0
Training And Development Professional	2	0	0,0	2	100,0
Web Administrator	2	1	50,0	0	0,0
TOTAL	850	30	3,5	547	64,4

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

*2 Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

Table 4.6.5 - Promotions by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	Employees 1 April 2023	Promotions to another salary level	Salary Level Promotions as a % of employment *1	Progressions to another notch within salary Level	Notch progressions as a % of employment *2
Lower Skilled (Levels 1-2)	14	0	0,0	0	0,0
Skilled (Levels 3-5)	193	0	0,0	147	76,2
Highly Skilled Production (Levels 6-8)	275	22	8,0	190	69,1
Highly Skilled Supervision (Levels 9-12)	270	5	1,9	166	61,5
Senior Management (Level 13-16)	98	3	3,1	44	44,9
TOTAL	850	30	3,5	547	64,4

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

*2 Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

4.7 EMPLOYMENT EQUITY

Table 4.7.1 - Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2025

Occupational Categories	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Legislators, senior officials and managers,	46	1	3	4	38	4	2	5	103
Professionals,	91	2	2	5	112	5	4	14	235
Technicians and associate professionals,	69	1	1	2	98	1	3	12	187
Clerks,	56	0	1	1	163	3	1	15	240
Service and sales workers,	37	0	1	1	16	0	0	0	55
Craft and related trades workers,	1	0	0	0	0	0	0	0	1
Elementary occupations	11	0	0	0	25	0	0	0	36
Plant & Machine Operators & Assemblers	1			1					2
TOTAL	312	4	8	14	452	13	10	46	859
Employees with disabilities	0	0	0	1	0	0	0	0	1

Table 4.7.2 - Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2025

Occupational Bands	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Top Management,	6	0	2	1	2	1	0	0	12
Senior Management	40	1	1	3	36	3	2	5	91
Professionally qualified and experienced specialists and mid-management,	91	1	4	7	118	6	7	18	252
Skilled technical and academically qualified workers, junior management, supervisors, foreman	93	2	0	1	175	3	1	22	297
Semi-skilled and discretionary decision making,	74	0	1	2	101	0	0	1	179
Unskilled and defined decision making,	8	0	0	0	20	0	0	0	28
TOTAL	312	4	8	14	452	13	10	46	859

Table 4.7.3 - Recruitment for the period 1 April 2024 to 31 March 2025

Occupational Bands	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Top Management,	6	0	1	0	2	0	0	0	9
Senior Management	2	0	0	0	3	0	0	0	5
Professionally qualified and experienced specialists and mid-management,	5	1	0	1	12	0	1	0	20
Skilled technical and academically qualified workers, junior management, supervisors, foreman	2	0	0	0	3	0	0	0	5
Semi-skilled and discretionary decision making,	0	0	0	0	4	0	0	0	4
Unskilled and defined decision making,	4	0	0	0	10	0	0	0	14
TOTAL	19	1	1	1	34	0	1	0	57
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.4 - Promotions for the period 1 April 2024 to 31 March 2025

Occupational Bands	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Top Management,	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	0	3	0	0	0	3
Professionally qualified and experienced specialists and mid-management,	10	0	0	0	2	0	0	1	13
Skilled technical and academically qualified workers, junior management, supervisors, foreman	2	0	0	0	9	1	0	2	14
Semi-skilled and discretionary decision making,	0	0	0	0	0	0	0	0	0
Unskilled and defined decision making,	0	0	0	0	0	0	0	0	0
TOTAL	12	0	0	0	14	1	0	3	30
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.5 - Terminations for the period 1 April 2024 to 31 March 2025

Occupational Bands	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Top Management,	5	0	1	0	1	1	0	0	8
Senior Management	3	0	0	0	1	0	0	0	4
Professionally qualified and experienced specialists and mid-management,	8	0	0	0	12	0	0	1	21
Skilled technical and academically qualified workers, junior management, supervisors, foreman	3	0	0	0	5	1	0	1	10
Semi-skilled and discretionary decision making,	3	0	0	0	5	0	0	0	8
Unskilled and defined decision making,	1	0	0	0	1	0	0	0	2
TOTAL	23	0	1	0	25	2	0	2	53
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.6 - Disciplinary action for the period 1 April 2024 to 31 March 2025

Disciplinary Action	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Non-disclosure of financial interest	4	0	0	0	6	0	0	1	7
Theft	1	0	0	0	0	0	0	0	0
Dereliction of duties	1	0	0	0	0	0	0	0	0
Corruption and Maladministration	0	0	0	0	2	0	0	0	1
TOTAL	6	0	0	0	8	0	0	1	8

Table 4.7.7 - Skills development for the period 1 April 2024 to 31 March 2025

Occupational Categories	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Co-loured	Female, Indian	Female, White	Total
Legislators, Senior Officials and Managers	82	4	5	5	108	10	6	6	144
Professionals	23	0	4	2	43	2	4	14	6
Technicians and Associate Professionals	33	0	0	0	45	0	0	6	45
Clerks	93	0	1	0	250	4	3	8	12
Service and Sales Workers	31	0	0	0	9	0	0	0	0
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	0	0	0	0	0	0	0	0	0
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	0
Elementary Occupations	7	0	0	0	16	0	0	0	0
TOTAL	269	4	10	7	471	16	13	34	207
Employees with disabilities	0	0	0	1	0	0	0	0	1

4.8 SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS

Table 4.8.1 - Signing of Performance Agreement by SMS members as on 31 March 2025

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Members	Total Number of Signed Performance Agreements	Signed Performance Agreements as % of Total Number of SMS Members*1
Director-General / Head of Department	1	1	1	100,0
Salary Level 16, but not HOD *3	3	3	0	0,0
Salary Level 15	10	8	6	75,0
Salary Level 14	30	23	18	78,3
Salary Level 13	82	68	62	91,2
Total	126	103	87	84,5

*1: Total Number of signed Performance Agreements per level divided by Total Number of SMS Members per level multiplied by 100

Please take note that the total number of SMS must exclude the following members: -

* Minister and Deputy Minister are Political Office Bearers and sign their PAs with the President;

* The total number is inclusive of all DDGs and all employees who are paid at salary level 15.

* The total number of funded SMS posts is inclusive of Minister, DM, Filled, and Vacant posts

Table 4.8.2 - Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2025

Reasons
*Twelve (12) SMS members did not sign their Performance Agreement (PAs) whilst two (2) SMS members are on suspension

Table 4.8.3 - Disciplinary steps taken against SMS members for not having concluded Performance agreement as on 31 March 2025

Reasons
In cases where members did not comply without showing good cause, forfeiture of possible incentives will be implemented accordingly.

4.9 PERFORMANCE REWARDS

Table 4.9.1 - Performance Rewards by race, gender and disability for the period 1 April 2024 to 31 March 2025

Race and Gender	Beneficiary Profile			Cost	
	Number of Beneficiaries	Total Employment	Percentage of Total Employment *1	Cost (R 000)	Average Cost per Beneficiary (R) *2
African, Female	0	452	0,0	0	0
African, Male	0	312	0,0	0	0
Indian, Female	0	10	0,0	0	0
Indian, Male	0	8	0,0	0	0
Coloured, Female	0	13	0,0	0	0
Coloured, Male	0	4	0,0	0	0
White, Female	0	46	0,0	0	0
White, Male	0	13	0,0	0	0
Employees with a disability*3	0	1	0,0	0	0
TOTAL	0	859	0,0	0	0

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries

*3: The number for disability is not included in total, as the numbers form part of the race and gender number.

Table 4.9.2 - Performance rewards by salary band for personnel below Senior Management Services for the period 1 April 2024 to 31 March 2025

Salary Band	Beneficiary Profile			Cost	
	Number of Beneficiaries	Total Employment	Percentage of Total Employment *1	Cost (R000)	Average Cost per Beneficiary (R) *2
Lower Skilled (Levels 1-2)	0	28	0,0	0	0
Skilled (3-5)	0	188	0,0	0	0
Highly skilled production (6-8)	0	273	0,0	0	0
Highly skilled supervision (9-12)	0	267	0,0	0	0
TOTAL	0	756	0,0	0	0

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries multiplied by 100

Table 4.9.3 - Performance Rewards by critical occupation for the period 1 April 2024 to 31 March 2025

Critical Occupation	Beneficiary Profile			Cost	
	Number of Beneficiaries	Total Employment	Percentage of Total Employment *1	Cost (R000)	Average Cost per Beneficiary (R) *2
Administration Clerks	0	90	0,0	0	0
Administration Officer	0	75	0,0	0	0
Administrative And Governance Policy Manager	0	7	0,0	0	0
Caretaker/ Cleaner	0	4	0,0	0	0
Chief Financial Officer	0	1	0,0	0	0
Child And Youth Care Service Manager	0	1	0,0	0	0
Clerical Supplementary Workers Not Elsewhere Classified	0	8	0,0	0	0
Clinical Nurse Practitioner	0	0	0,0	0	0
Communication And Marketing Manager	0	2	0,0	0	0
Database Designer And Administrator	0	1	0,0	0	0
Dental Therapist	0	0	0,0	0	0
Dietician	0	3	0,0	0	0
Engineering Manager	0	1	0,0	0	0
Environmental Health Officer	0	18	0,0	0	0
Environmental Manager	0	2	0,0	0	0
Facilities Manager	0	1	0,0	0	0
Filing And Registry Clerk	0	8	0,0	0	0
Finance Clerk	0	22	0,0	0	0
Finance Manager	0	8	0,0	0	0
Financial Accountant	0	6	0,0	0	0
General Accountant	0	1	0,0	0	0
General Medicine Specialist Physician	0	1	0,0	0	0
Graphic Designer	0	1	0,0	0	0
Handyperson	0	1	0,0	0	0
Heads Of National Department	0	1	0,0	0	0
Health Care Manager	0	43	0,0	0	0
Hospital Pharmacist	0	4	0,0	0	0
Human Resource Clerk	0	31	0,0	0	0
Human Resource Manager	0	8	0,0	0	0
Human Resource Practitioner	0	7	0,0	0	0
ICT Systems Analyst	0	17	0,0	0	0
Information Technology & Systems Manager	0	4	0,0	0	0
Internal Audit Manager	0	1	0,0	0	0
Internal Auditor	0	5	0,0	0	0
Legal Administration Officer	0	5	0,0	0	0
Legal Related Manager	0	4	0,0	0	0
Library Assistant	0	1	0,0	0	0
Light Vehicle Driver	0	1	0,0	0	0
Managers Not Elsewhere Classified	0	2	0,0	0	0
Medical Biological Scientist	0	20	0,0	0	0
Medical Diagnostic Radiographer	0	1	0,0	0	0
Medical Technologist	0	1	0,0	0	0
Messengers	0	9	0,0	0	0
Middle Manager :Human Resource & Organizational .Development .Related	0	17	0,0	0	0
Middle Manager: Administrative Related	0	48	0,0	0	0

Middle Manager: Emergency Services Related	0	3	0,0	0	0
Middle Manager: Engineering Sciences Related	0	3	0,0	0	0
Middle Manager: Finance And Economics Related	0	19	0,0	0	0
Middle Manager: Health Science Related	0	64	0,0	0	0
Middle Manager: Information Technology Related	0	13	0,0	0	0
Middle Manager: Internal Audit Related	0	4	0,0	0	0
Middle Manager: Social Science Related	0	6	0,0	0	0
Middle Manager: Communication & Information Related	0	7	0,0	0	0
Network Analyst	0	1	0,0	0	0
Nutritionist	0	1	0,0	0	0
Office Cleaner	0	24	0,0	0	0
Orthodontist	0	1	0,0	0	0
Other Middle Manager	0	10	0,0	0	0
Other Occupations	0	2	0,0	0	0
Personal Assistant	0	69	0,0	0	0
Professionals Not Elsewhere Classified.	0	11	0,0	0	0
Programme Or Project Manager	0	1	0,0	0	0
Programmer Analyst	0	1	0,0	0	0
Protect Rescue Social Health Support Personnel Not Classified	0	2	0,0	0	0
Public Health Medicine Specialist	0	5	0,0	0	0
Public/Media Relations Manager	0	2	0,0	0	0
Quality Manager	0	1	0,0	0	0
Radiographic Technician	0	0	0,0	0	0
Receptionist (General)	0	2	0,0	0	0
Risk And Integrity Manager	0	2	0,0	0	0
Safety/Health & Environ.& Quality(SHE&Q)Practitioner	0	1	0,0	0	0
Security Officer	0	46	0,0	0	0
Social Services Manager	0	1	0,0	0	0
Social Worker	0	2	0,0	0	0
Staff Nurse	0	1	0,0	0	0
Strategy/Monitoring &Evaluation Manager	0	3	0,0	0	0
Supply Chain Clerk	0	43	0,0	0	0
Supply Chain Manager	0	3	0,0	0	0
Supply Chain Practitioner	0	6	0,0	0	0
Switchboard Operator	0	3	0,0	0	0
Training And Development Professional	0	2	0,0	0	0
Web Administrator	0	2	0,0	0	0
TOTAL	0	859	0,0	0	0

*2: Number of beneficiaries divided by cost

TABLE 4.9.4 - Performance Related Rewards (Cash Bonus) by Salary Band for Senior Management Service for the period 1 April 2024 to 31 March 2025

Salary Band	Beneficiary Profile			Cost	
	Number of Beneficiaries	Number of employees	Percentage of Total Employment *1	Cost (R000)	Average Cost per Beneficiary (R) *2
Band A (13)	0	68	0,0	0	
Band B (14)	0	23	0,0	0	
Band C (15)	0	8	0,0	0	
Band D (16)	0	4	0,0	0	
TOTAL	0	103	0,0	0	0

*1: Number of beneficiaries divided by Total Employment multiplied by 100

*2: Cost divided by Number of beneficiaries

4.10 FOREIGN WORKERS

Table 4.10.1 - Foreign workers by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	01-Apr-24		31-Mar-25		Change	
	Employment at Beginning Period	Percentage of Total *1	Employment at End of Period	Percentage of Total *2	Change in Employment	Percentage of Total *3
Lower Skilled	0	0%	0	0%	0	0,0
Highly skilled production (Levels 6-8)	0	0%	0	0%	0	0,0
Highly Skilled supervision (Levels 9-12)	2	40%	1	25%	-1	100,0
Senior management (13-16)	3	60%	3	75%	0	0,0
Contract (Levels 9-12)	0	0%	0	0%	0	0,0
Contract (Level 13-16)	0	0%	0	0%	0	0,0
TOTAL	5	100%	4	100%	-1	100,0

*1: Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100

*2: Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100

*3: Change in employment within the salary band divided by Total Change in Employment multiplied by 100

Table 4.10.2 - Foreign Workers by major occupation for the period 1 April 2024 to 31 March 2025

Major Occupation	01-Apr-24		31-Mar-25		Change	
	Employment at Beginning Period	Percentage of Total *1	Employment at End of Period	Percentage of Total *2	Change in Employment	Percentage of Total *3
Senior Officials and Managers	3	60%	3	75%	0	0%
Technicians And Associated Professional	0	0%	0	0%	0	0%
Professionals	2	40%	1	25%	-1	100%
TOTAL	5	100%	4	100%	-1	100%

*1: Employment at beginning period divided Total Employment at beginning of period multiplied by 100

*2: Employment at end of period divided by Total Employment at end of period multiplied by 100

*3: Change in employment divided by Total Change in Employment multiplied by 100

4.11 LEAVE UTILISATION

Table 4.11.1 - Sick Leave for the period 1 January 2024 to 31 December 2024

Salary Band	Total Days	% Days with Medical Certification *1	Number of Employees using Sick Leave	% of Total Employees using Sick Leave *2	Average Days per Employee *3	Estimated Cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	57	73,7	13	1,9	4	27	42
Skilled (Levels 3-5)	1475	81,5	150	22,0	10	1 733	1202
Highly Skilled Production (Levels 6-8)	2136	74,8	238	34,9	9	3 975	1598
Highly Skilled Supervision (Levels 9-12)	1742	79,6	218	32,0	8	6 508	1387
Top and Senior Management (Levels 13-16)	428	82,5	63	9,2	7	2 287	353
TOTAL	5838	78,5	682	100,0	9	14 530	4582

*1: Total number of days with medical certificate within the salary band divided by Total days multiplied by 100

*2: Number of employees using sick leave within the salary band divided by Total number of employees using sick leave multiplied by 100

*3: Total Days divided by Number of employees using sick leave

Table 4.11.2 - Disability leave (temporary and permanent) for the period 1 January 2024 to 31 December 2024

Salary Band	Total Days	% Days with Medical Certification *1	Number of Employees using Disability Leave	% of Total Employees using Disability Leave *2	Average Days per Employee *3	Estimated Cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	0	0	0	0	0	0	0
Skilled (Levels 3-5)	320	100,0	9	23,1	36	273	320
Highly Skilled Production (Levels 6-8)	528	100,0	17	43,6	31	876	528
Highly Skilled Supervision (Levels 9-12)	507	100,0	9	23,1	56	1 893	507
Top and Senior Management (Levels 13-16)	53	100,0	4	10,3	13	309	53
TOTAL	1408	100,0	39	100,0	36	3 351	1 408

*1: Total number of days with medical certificate within the salary band divided by Total days multiplied by 100

*2: Number of employees using disability within the salary band divided by Total number of employees using Disability leave multiplied by 100

*3: Total Days divided by Number of employees using Disability leave

This table excludes PILIR applications that are still to be considered by the Health Risk Manager

Table 4.11.3 - Annual Leave for the period 1 January 2024 to 31 December 2024

Salary Band	Total Days Taken	Average days per Employee *1	Number of Employees who took leave
Lower Skilled (Levels 1-2)	270	9	29
Skilled (Levels 3-5)	5039	28	181
Highly Skilled Production (Levels 6-8)	8117	28	286
Highly Skilled Supervision (Levels 9-12)	7443	27	274
Top and Senior Management (Levels 13-16)	2528	25	100
TOTAL	23397	27	870

*1: Total Days Taken divided by Number of employees who took leave

Table 4.11.4 Capped Leave for the period 1 January 2024 to 31 December 2024

Salary Band	Total Days taken	Number of employees using capped leave	Average number of days taken per employee	Average capped leave per employee
Lower Skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	0	0	0
Top and Senior Management (Levels 13-16)	0	0	0	0
TOTAL	0	0	0	0

*1: Total Days of capped leave taken within the salary band divided by Number of employees who took capped leave

Table 4.11.5 Leave payouts for the period 1 April 2024 to 31 March 2025

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave payout for 2024/2025 due to non-utilisation of leave for the previous cycle.		0	
Capped leave pay-outs on termination of service for 2024/2025	2 287	20	114
Current leave payout on termination of service for 2024/2025	725	19	38
TOTAL	3 012	39	77

4.12 HIV/AIDS & HEALTH PROMOTION PROGRAMMES

Table 4.12.1 - Steps taken to reduce the risk of occupation exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	

Table 4.12.2 - Details of Health Promotion and HIV/AIDS Programmes [tick Yes/No and provide required information]

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Mr MS Mahlatjie; Acting Cluster Manager and Chief Negotiator is the chairperson and SMS member.
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and wellbeing of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		3 Employees are currently employed.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		EAP core services identify troubled employees provide confidential timely assessment, counselling, referrals, follow-up, reintegration, and prevention programmes that that will enhance productivity. Health and Wellness/ health promotion workshops, seminars, and awareness campaigns in line with the health calendar.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		Employees who will be serving in the Health and Wellness Committee have been nominated and they will be trained in the next financial year. OHS committee has been elected and trained.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of HIV/ Aids status.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Workplace HIV, STI AND TB policy has been reviewed to be in line with DPSA Employee Health and Wellness Strategic Framework for Public Service 2023. Employees and prospective employees have a right to confidentiality regarding their HIV status even if an employee informs an employer of their HIV status. The Sub- unit works closely with Employment Equity Unit, HIV Care and Support and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		Employee are counselled by the staff in Employee Health and Wellness sub-unit and are encouraged to undergo HIV testing. During Wellness days, the department organizes testing facilities for HIV and diseases of lifestyle where employees are encouraged to test.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	Through Employee Health and Wellness and health promotion programmes, indicators are committed and monitored quarterly and annually. Remedial actions are required for any deviations from committed indicators and measures. Operational plans are implemented and measured through reports and statistics. Targets are measured against actual achieved targets.

4.13 LABOUR RELATIONS

Table 4.13.1 - Collective Agreement for the period 1 April 2024 to 31 March 2025

Subject matter	Date
Resolution 1 of 2024 (amendment of resolution 2 of 2023, agreement on provision of token of appreciation)	22/10/2024
Resolution 2 of 2024 (extension of resolution 3 of 2014: agreement on the increase of levies)	18/11/2024

Table 4.13.2 - Misconduct and disciplinary hearing finalised for the period 1 April 2024 to 31 March 2025

Outcomes of disciplinary hearings	Number	% of Total
Final written warning	2	50%
Dismissal	2	50%
Closed	0	0%
Demotion	0	0%
Suspension without pay	0	0%
Case withdrawn	0	0%
Total	4	100%

Table 4.13.3 - Types of misconduct addressed at disciplinary hearings for the period 1 April 2024 to 31 March 2025

Type of misconduct	Number	% of Total
Non-disclosure of Financial Interest	2	50%
unauthorised possession of state property	1	25%
misrepresentation	1	25%
Total	4	100%

Table 4.13.4 - Grievances Lodged for the period 1 April 2024 to 31 March 2025

Number of grievances addressed	Number	% of Total
Number of grievances resolved	7	58%
Number of grievances not resolved	5	42%
Total number of grievances lodged	12	100%

Table 4.13.6 - Strike Actions for the period 1 April 2024 to 31 March 2025

Strike Actions	% of total
Number of disputes upheld	0
Number of disputes settled	0
Number if dispute withdrawn	0

Table 4.13.7 - Precautionary suspensions for the period 1 April 2023 to 31 March 2024

Precautionary suspensions	
Number of people suspended	2
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	365
Cost (R'000) of suspensions	1 552

4.14 SKILLS DEVELOPMENT

Table 4.14.1 - Training needs identified for the period 1 April 2024 to 31 March 2025

Occupational Categories	Gender	Number of employees as at 1 April 2024,	Training needs identified at start of the reporting period			
			Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	44	0	118	12	130
	Male	54	0	85	11	96
Professionals	Female	193	0	57	6	63
	Male	129	0	24	5	29
Technicians and associate professionals	Female	52	0	43	8	51
	Male	35	0	28	5	33
Clerks	Female	188	21	223	21	265
	Male	67	10	75	9	94
Service and sales workers	Female	11	0	7	2	9
	Male	38	0	27	4	31
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	0	0	0
Elementary occupations (Labourers and Related Workers)	Female	25	0	15	1	16
	Male	11	0	7	0	7
Plant and Machine Operators and Ass	Female	0	0	0	0	0
	Male	2	0	0	0	0
Gender sub totals	Female	513	21	463	50	534
	Male	337	10	246	34	290
Total		850	31	709	84	824

Table 4.14.2 - Training provided for the period 1 April 2024 to 31 March 2025

Occupational Categories	Gender	Number of employees as at 1 April 2024	Training provided within the reporting period			
			Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	44	0	170	22	192
	Male	54	0	123	10	133
Professionals	Female	193	0	93	12	105
	Male	129	0	62	6	68
Technicians and associate professionals	Female	52	0	48	12	60
	Male	35	0	27	3	30
Clerks	Female	188	21	242	25	288
	Male	67	9	101	6	116
Service and sales workers	Female	11	0	25	0	25
	Male	38	0	53	3	56
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	0	0	0
Elementary occupations (Labourers and Related Workers)	Female	25	0	28	1	29
	Male	11	0	15	0	15
Plant and Machine Operators and Ass	Female	0	0	0	0	0
	Male	2	0	0	0	0
Gender sub totals	Female	513	21	606	72	699
	Male	337	9	381	28	418
Total		850	30	987	100	1117

4.15 INJURY ON DUTY

Table 4.15.1 - Injury on duty for the period 1 April 2024 to 31 March 2025

Nature of injury on duty	Number of Employees	% of total
Required basic medical attention only	2	50,0
Temporary Total Disablement	2	50,0
Permanent Disablement	0	0,0
Fatal	0	0,0
Total	4	100,0

4.16 UTILISATION OF CONSULTANTS

Table 4.16.1 - Report on consultant appointments using appropriated funds for the period 1 April 2024 to 31 March 2025

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
No Data			

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
No Data			

Table 4.16.2 - Analysis of consultant appointments using appropriated funds, i.t.o. HDIs for the period 1 April 2024 to 31 March 2025

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
No Data			

Table 4.16.3 - Report on consultant appointments using Donor funds for the period 1 April 2024 to 31 March 2025

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
No Data			

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand

Table 4.16.4 - Analysis of consultant appointments using Donor funds, i.t.o. HDIs for the period 1 April 2024 to 31 March 2025

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
No Data			

4.17 SEVERANCE PACKAGES

Table 4.17.1 - Granting of employee-initiated severance packages for the period 1 April 2024 to 31 March 2025

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA	No of Packages approved by department
Lower Skilled (Salary Level 1-2)	0	0	0	0
Skilled (Salary Level 3-5)	0	0	0	0
Highly Skilled Production (Salary Level 6-8)	0	0	0	0
Highly Skilled Production (Salary Level 9-12)	0	0	0	0
Senior Management (Salary Level 13 and higher)	0	0	0	0
Total	0	0	0	0



PFMA COMPLIANCE REPORT

PART E

5. PFMA Compliance Report

5.1 Information on Irregular, Fruitless and Wasteful, Unauthorised Expenditure and Material Losses

5.1.1 Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	403 333	359 301
Add: Irregular expenditure confirmed	7 530	44 032
Less: Irregular expenditure condoned	(154 834)	-
Less: Irregular expenditure not condoned but removed	(49 101)	-
Less: Irregular expenditure recoverable	-	-
Less: Irregular expenditure not recovered and written off	-	-
Closing balance	206 928	403 333

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure that confirmed	199 398	359 301
Irregular expenditure that relates to 2023/24 and identified in 2024/25	-	44 032
Irregular expenditure for the current year	7 530	-
Total	206 928	403 333

b) Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure under assessment	945	19 549
Irregular expenditure under determination	102 434	42 373
Irregular expenditure under investigation	104 498	-
Total	207 877	61 922

1 Record amounts in the year in which it was incurred.

2 Group similar items

3 Total unconfirmed irregular expenditure (assessment), losses (determination), and criminal conduct (investigation)

c) Details of current and previous year irregular expenditure condoned

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure condoned	154 834	-
Total	154 834	-

All cases were condoned by the Accounting Officer except for R 55 776.51 which was condoned by National Treasury.

d) Details of current and previous year irregular expenditure removed (not condoned)

Description	2024/2025	2023/2024
	R'000	R'000
	49 101	-
Total	49 101	-

Transfer payments were erroneously classified as goods and services (HISP and HST).

e) Details of current and previous year irregular expenditure recovered

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure recovered	-	-
Total	-	-

f) Details of current and previous year irregular expenditure written off (irrecoverable)

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure recovered	-	-
Total	-	-

5.1.2 Fruitless and wasteful expenditure**a) Reconciliation of fruitless and wasteful expenditure**

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	870	1 538
Add: fruitless and wasteful expenditure confirmed	-	4
Less: fruitless and wasteful expenditure removed	(531)	-
Less: fruitless and wasteful expenditure written off	(245)	-
Less: fruitless and wasteful expenditure recoverable	-	672
Closing balance	94	870

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment/ determination in 2024/25	94	1 538
Fruitless and wasteful expenditure that relates to 2023/24 and identified in 2024/25	-	-
Fruitless and wasteful expenditure for the current year	-	4
Total	94	1 542

b) Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure under assessment	51	1 558
Fruitless and wasteful expenditure under determination	43	4
Fruitless and wasteful expenditure under investigation	-	-
Total	94	1 542

4 Record amounts in the year in which it was incurred

5 Group similar items

c) Details of current and previous year fruitless and wasteful expenditure recovered

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure recovered	-	672
Total	-	672

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure written off	245	20
Total	245	20

The impracticability judgement was applied to address historical cases where the details of the cases were not available.

5.1.3 Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	19 161	19 161
Add: Unauthorised expenditure confirmed	-	-
Less: Unauthorised expenditure approved with funding	-	-
Less: Unauthorised expenditure approved without funding	-	-
Less: Unauthorised expenditure recoverable	-	-
Less: Unauthorised expenditure not recovered and written off	-	-
Closing balance	19 161	19 161

The unauthorised expenditure is in the process to be submitted for investigation.

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	-	-
Unauthorised expenditure that relates to 2023/24 and identified in 2024/25	-	-
Unauthorised expenditure for the current year	-	-
Total	-	-

b) Details of current and previous year unauthorised expenditure (under assessment, determination, and investigation)

Description	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure under assessment	-	-
Unauthorised expenditure under determination	-	-
Unauthorised expenditure under investigation	-	-
Total	-	-

7 This amount may only be written off against available savings.

8 Record amounts in the year in which it was incurred.

9 Group similar items.

10 Total unconfirmed unauthorised expenditure (assessment), losses (determination), and criminal conduct (investigation).

5.2 Information on late and / or non-payment of suppliers

Description	Number of invoices	Consolidated value
		R'000
Valid invoices received	5330	4,084,509
Invoices paid within 30 days or agreed period	5323	4,083,871
Invoices paid after 30 days or agreed period	7	638
Invoices older than 30 days or agreed period (unpaid and without dispute)	0	0
Invoices older than 30 days or agreed period (unpaid and in dispute)	0	0

Reason for late payments	Number of invoices	Consolidated value
		R'000
Delivery notes not reconciling with quantities on invoices	3	491
Manager/delegate did not timely confirm delivery	2	16
Order quantity depleted that delayed payment	1	84
Delayed due to problems with supplier's bank details	1	47
Total number of late payments	7	638

5.3 Information on Supply Chain Management Procurement by other means

Project Description	Name of Supplier	Type of Procurement by other means	Contract number	Value of Contract R'000
Appointment of service provider for quality control of testing of condoms and lubricants distributed within the public sector.	South African Bureau of Standard (SABS)	Sole service provider	NDoH 2/2024/2025	R 9 604,65 per batch of male condoms R 20 03809 per batch of female condoms R 8 694,00 per batch of lubricants/condoms
Appointment of a professional firm or company to conduct forensic investigation of certain suspicious transactions/activities at the National Department of Health	Boqwana Burns	Deviation	NDoH 33 2024/2025	Rate-based (hourly rated)
Total				

5.4 Contract variations and expansions

Project Description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number value R'000	Original contract value R'000	Value of previous contract expansion/s or variation/s (If applicable)	Value of current contract expansion or variation R'000
Physical and electronic storage of claimant files of the MBOD/CCOD and daily retrieval of claimant files for a period of 3 years.	Metro File (Pty) Ltd	Extension	NDoH 05/2019-2020	R9 685	R0	R1 134
Provision of travel management services for the NDoH for a period of 3 years.	Gemini Moon Trading t/a Nexus Travel	Extension	NDoH 03/2021-2022	Rate based	R0	Rate based
Appointment of service provider for provision of cleaning and hygiene services at MBOD for a period of 3 years.	Katie M-Mathasani Joint Venture	Price adjustment per sectoral determination	NDoH 18/2021-2022	R2 433	R862	R911
Provision of physical security services to the NDoH Offices, Dr AB Xuma and MBOD Building for a period of 3 years.	Ndivhuwo Security Services	Price adjustment per National Bargaining Council for the PSIRA	NDoH 19/2022-2023	R21 173	R0	R8 679
Appointment of external Sub- Recipients who will be implementing the NOD Global Fund Grant, TB/HIV Programme/activities for a period of 3 years.	- The Aurum Institute - Isibane Development Partners - Aquity Innovation NPC - Institute of Health Programmes and Systems	Scope expansion			R8 679	R1 155
		Global Fund grant extension	NDoH 13/2021-2022	N/A	R0	R0
Appointment of professional service provider for the continued development and enhancement of functioning and existing Ideal Health Web-based Information System.	ASG Software	Extension	NDoH 48/2020-2021	R8 400	R0	R1 442
Provision of Project Management Information System Software and Services	Project Portfolio Office	Extension	NDoH 40/2020-2021	R0	R0	R0
Appointment of a service provider for placement of adverts in print media and response-handling for the NDoH.	Kone Staffing Solutions	Extension	NDoH 71/2019-2020	Rate-based	R0	Rate-based
Total				R41 691	R9 541	R13 321



FINANCIAL INFORMATION

PART F

Report of the auditor-general to Parliament on vote no. 18: National Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the National Department of Health set out on pages 121 to 168, which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the National Department of Health as at 31 March 2025 and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) and the requirements of the Public Finance Management Act 1 of 1999(PFMA) and Division of Revenue Act of 2023 (Dora).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other matter

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

7. The supplementary information set out on pages 169 to 177 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

8. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
9. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

Responsibilities of the auditor-general for the audit of the financial statements

10. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 119, forms part of my auditor's report.

Report on the audit of the annual performance report

12. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for the selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
13. I selected the following programmes presented in the annual performance report for the year ended 31 March 2025 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2 – National Health Insurance	32-36	Achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms
Programme 4 – Primary Health Care	43-46	Develop and oversee the implementation of legislation, policies, systems, and norms and standards for a uniform, well-functioning district health system, including for emergency, environmental and port health service

14. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.

15. I performed procedures to test whether:

- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives
- all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included
- the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements
- the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated
- the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents
- the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable
- there is adequate supporting evidence for the achievements reported and for the reasons provided for any over or under achievement of targets.

16. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.

17. I did not identify any material findings on the reported performance information for the National Health Insurance.

18. The material findings on the reported performance information for the selected programme are as follows:

Programme 4: Primary Health Care

Number of community outreach services household visits

19. An achievement of 20 129 631 household visits was reported against a target of 14 000 000. I could not determine if the reported achievement was correct, as adequate and appropriate supporting evidence was not provided for auditing. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Other matters

20. I draw attention to the matters below.

Achievement of planned targets

21. The annual performance report includes information on reported achievements against planned targets and provides explanations for over or under achievements. This information should be considered in the context of the material findings on the reported performance information.

22. The tables that follow provides information on the achievement of planned targets and list the key indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 35 and 45.

Programme 2: National Health Insurance

Targets achieved: 60%

Budget spent: 86%

Key indicator not achieved	Planned target	Reported achievement
Number of parcels delivered to pick-up points from the central Chronic Medication Dispensing and Distribution (CCMDD) Dablap Meds Programme	9 500 000	8 978 126
Accreditation framework for health service providers submitted to the National Health Council (NHC) for approval	Accreditation framework for health service providers submitted to NHC for approval	Draft accreditation framework produced

Programme 4: Primary Health Care

Targets achieved: 83%

Budget spent: 99,5%

Key indicator not achieved	Planned target	Reported achievement
Number of district hospitals that qualify as ideal hospital	25	7

Material misstatements

23. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for programme 4: Primary Health Care. Management did not correct all of the misstatements, and I reported material findings in this regard.

Report on compliance with legislation

24. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.

25. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.

26. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.

27. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual financial statement, performance and annual report

28. The financial statements submitted for auditing were not fully prepared in accordance with the prescribed financial reporting framework as required by section 40(1) (a) and (b) of the PFMA.

29. Material misstatements of disclosure items identified by the auditors in the submitted financial statement were corrected, resulting in the financial statements receiving an unqualified opinion.

Consequence management

30. Disciplinary steps were not taken against some of the officials who had permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA.

Revenue management

31. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c) (i) of the PFMA.

Expenditure management

32. Payments were made before goods / services were received, in contravention of treasury regulation 15.10.1.2(c).

Other information in the annual report

33. The accounting officer is responsible for the other information included in the annual report which includes the Minister's foreword, report by the Accounting Officer, audit and risk committee's report and the human resource management. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in this auditor's report.

34. My opinion on the financial statements and my reports on the audit of the annual performance report and compliance with legislation do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
35. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
36. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.
39. Leadership did not exercise oversight responsibility regarding financial and performance reporting and compliance and related internal controls, which resulted in material misstatement and material findings reported in the audit report.
40. Management did not conduct adequate reviews of the annual financial statements to ensure that they were appropriately supported by underlying schedules and documentation.
41. Management has not established or implemented adequate procedures to ensure the thorough review and reconciliation of performance information prior to its submission into the reporting system.
42. Management did not review and monitor compliance with applicable laws and regulations.

Auditor - General

Internal control deficiencies

37. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
38. The matters reported below are limited to the significant internal control deficiencies that resulted in material findings on the annual performance report and the material findings on compliance with legislation included in this report.

Pretoria
31 July 2025



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

- The auditor-general's responsibility for the audit
- The selected legislative requirements for compliance testing

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with selected requirements in key legislation.

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Section, regulation or paragraph
Public Finance Management Act 1 of 1999	Section 1; 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(f); 38(1)(h)(iii); 39(1)(a); 39(2)(a); 40(1)(a); 40(1)(b); 40(1)(c)(i); 43(1); 43(4); 44; 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3; 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1; 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b); 7.2.1; 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1; 9.1.1; 9.1.4; 10.1.1(a); 10.1.2; 11.4.1; 11.4.2; 11.5.1; 12.5.1; 15.10.1.2(c); 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a); 16A6.2(b); 16A6.3(a); 16A6.3(b); 16A6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A7.1; 16A7.3; 16A7.6; 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A9.1(d); 16A9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii); 17.1.1; 18.2; 19.8.4
Construction Industry Development Board Act 38 of 2000	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17; 25(7A)
Division of Revenue Act 24 of 2024	Section 11(6)(a); 12(5); 16(1); 16(3)(a)(i); 16(3)(a)(ii)
National Health Act 61 of 2003	Section 13
National Treasury Instruction No. 5 of 2020/21	Paragraph 4.8; 4.9; 5.3
Second amendment National Treasury Instruction No. 5 of 2020/21	Paragraph 1
Erratum National Treasury Instruction No. 5 of 2020/21	Paragraph 2
National Treasury Instruction No. 1 of 2021/22	Paragraph 4
National Treasury Instruction No. 4 of 2015/16	Paragraph 3.4
National Treasury SCM Instruction No. 4A of 2016/17	Paragraph 6
National Treasury Instruction No. 7 of 2017/18	Paragraph 4.3
PFMA National Treasury SCM Instruction No. 03 of 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4(a); 4.17; 7.2; 7.6
National Treasury SCM Instruction No. 11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.1
National Treasury Practice Note 5 of 2009/10	Paragraph 3.3
National Treasury Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1; 2.1(a); 2.1(f)
Preferential Procurement Regulations, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulations, 2017	Regulation 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; 6.6; 6.8; 7.1; 7.2; 7.3; 7.6; 7.8; 8.2; 8.5; 9.1; 10.1; 10.2; 11.1; 11.2
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
Public Service Regulations, 2016	Regulation 18(1); 18(2); 25(1)(e)(i); 25(1)(e)(iii)
State Information Technology Agency Act 88 of 1998	Section 7(3)

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Appropriation per programme										
	2024/25					2023/24				
	Adjusted budget R'000	Shifting of funds R'000	Virement R'000	Final budget R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000	
Programmes										
Programme 1: Administration	763,041	-	(60,117)	702,924	640,219	62,705	91.1%	730,512	678,206	
Programme 2: National Health Insurance	1,343,202	-	12,294	1,355,496	1,168,723	186,773	86.2%	1,512,654	1,425,109	
Programme 3: Communicable and Non-Communicable Diseases	25,383,578	-	37,070	25,420,648	25,405,624	15,024	99.9%	23,724,142	23,659,109	
Programme 4: Primary Health Care	3,318,414	-	(6,100)	3,312,314	3,295,525	16,789	99.5%	2,994,070	2,989,803	
Programme 5: Hospital Systems	23,906,709	-	(1,200)	23,905,509	23,860,621	44,888	99.8%	22,136,008	22,130,825	
Programme 6: Health System Governance & Human Resource	7,510,455	-	18,053	7,528,508	7,511,109	17,399	99.8%	7,452,608	7,429,095	
TOTAL	62,225,399	-	-	62,225,399	61,881,821	343,578	99.4%	58,549,994	58,312,147	
Reconciliation with statement of financial performance										
ADD:										
Departmental receipts				660,624				139,213		
NRF Receipts				2,429,042				1,688,802		
Aid assistance										
Actual amounts per statement of financial performance (total revenue)				65,315,065	1,863,084			60,378,009	1,538,427	
ADD: Aid assistance										
Prior year unauthorised expenditure approved without funding										
Actual amounts per statement of financial performance (total expenditure)					63,744,905				59,850,574	

HEALTH VOTE 18
APPROPRIATION STATEMENT for the year ended 31 March 2025

Appropriation per economic classification									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	2,366,919	(32,314)	(16,707)	2,317,898	2,054,024	263,874	88.6%	2,476,137	2,204,895
Compensation of employees	694,117	(2,000)	-	692,117	639,258	52,859	92.4%	657,435	614,911
Salaries and wages	615,326	(5,250)	(3,300)	606,776	558,768	48,008	92.1%	580,702	538,179
Social contributions	78,791	3,250	3,300	85,341	80,490	4,851	94.3%	76,733	76,732
Goods and services	1,672,802	(30,314)	(16,707)	1,625,781	1,414,766	211,015	87.0%	1,818,702	1,589,984
Administrative fees	508	(129)	-	379	182	197	48.0%	256	167
Advertising	87,350	8,239	(7,074)	88,515	48,896	39,619	55.2%	11,012	6,896
Minor assets	58,060	(20,655)	(220)	37,185	13,799	23,386	37.1%	45,025	35,147
Audit costs: External	48,971	(8,593)	(11,600)	28,778	27,615	1,163	96.0%	25,825	25,627
Bursaries: Employees	2,000	500	-	2,500	2,036	464	81.4%	1,909	1,693
Catering: Departmental activities	8,398	(2,453)	(316)	5,629	2,812	2,817	50.0%	8,894	4,391
Communication (G&S)	24,958	(5,628)	(2,607)	16,723	17,466	(743)	104.4%	22,837	22,743
Computer services	230,662	(3,377)	(20,338)	206,947	109,400	97,547	52.9%	306,206	310,848
Consultants: Business and advisory services	195,729	(11,919)	3,505	187,315	146,631	40,684	78.3%	284,967	153,584
Legal services	13,042	11,930	-	24,972	24,777	195	99.2%	19,308	19,188
Contractors	433,879	13,002	(4,516)	442,365	425,742	16,623	96.2%	455,366	451,985
Agency and support / outsourced services	2,120	8,496	(1,000)	9,616	8,504	1,112	88.4%	30,903	17,926
Entertainment	200	-	-	200	-	200	-	5	91
Fleet services (including government motor transport)	31,785	(879)	(2,753)	28,153	30,100	(1,947)	106.9%	31,967	37,023
Inventory: Clothing material and supplies	100	(100)	-	-	-	-	-	1,350	455
Inventory: Food and food supplies	-	-	-	-	-	-	-	740	109
Inventory: Fuel, oil and gas	242	(24)	-	218	-	218	-	3,400	29
Inventory: Medical supplies	39,890	(5,326)	-	34,564	28,059	6,505	81.2%	44,310	34,030
Inventory: Medicine	-	-	-	-	-	-	-	1,509	1,500
Inventory: Other supplies	300	(300)	-	-	-	-	-	2	67
Consumable supplies	5,329	5,170	33,647	44,146	97,970	(53,824)	221.9%	3,611	1,203
Consumable: Stationery, printing and office supplies	15,293	(1,001)	(1,012)	13,280	8,488	4,792	63.9%	9,756	5,239
Operating leases	137,442	102	(199)	137,345	136,189	1,156	99.2%	131,446	111,796
Property payments	42,732	(881)	(2,024)	39,827	17,654	22,173	44.3%	44,549	35,821
Travel and subsistence	115,164	(12,110)	8,136	111,190	107,909	3,281	97.0%	100,706	100,010
Training and development	8,427	(500)	(955)	6,972	5,718	1,254	82.0%	7,604	5,755
Operating payments	133,919	(6,707)	(3,926)	123,286	115,430	7,856	93.6%	186,649	161,879
Venues and facilities	29,582	5,689	(3,455)	31,816	37,030	(5,214)	116.4%	34,803	42,640

Appropriation per economic classification									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Rental and hiring	6,720	(2,860)	-	3,860	2,359	1,501	61.1%	3,787	2,141
Transfers and subsidies	58,402,175	3,417	12,653	58,418,245	58,390,300	27,945	100.0%	54,760,897	54,751,795
Provinces and municipalities	56,357,878	5	-	56,357,883	56,357,883	-	100.0%	52,743,365	52,743,365
Provinces	56,357,878	5	-	56,357,883	56,357,883	-	100.0%	52,743,365	52,743,365
Provincial Revenue Funds	56,357,878	-	-	56,357,878	56,357,878	-	100.0%	52,743,365	52,743,365
Provincial Agencies and Funds	-	5	-	5	5	-	100.0%	-	-
Departmental agencies and accounts	1,794,423	369	2,653	1,797,445	1,796,847	598	100.0%	1,807,049	1,806,552
Social security funds	1,813	-	2,653	4,466	4,466	-	100.0%	1,735	1,735
Departmental agencies	1,792,610	369	-	1,792,979	1,792,381	598	100.0%	1,805,314	1,804,817
Non-profit institutions	222,174	-	10,000	232,174	232,174	-	100.0%	196,286	196,286
Foreign governments and international organisations	18,200	-	-	18,200	-	18,200	-	-	-
Households	9,500	3,043	-	12,543	3,396	9,147	27.1%	14,197	5,592
Social benefits	-	3,043	-	3,043	3,007	36	98.8%	5,194	5,247
Other transfers to households	9,500	-	-	9,500	389	9,111	4.1%	9,003	345
Payments for capital assets	1,456,305	10,702	-	1,467,007	1,400,588	66,419	95.5%	1,312,106	1,354,603
Buildings and other fixed structures	1,333,182	24,000	-	1,357,182	1,357,047	135	100.0%	1,183,673	1,259,796
Buildings	1,333,182	24,000	-	1,357,182	1,357,047	135	100.0%	-	41
Other fixed structures	-	-	-	-	-	-	-	1,183,673	1,259,755
Machinery and equipment	121,823	(13,298)	-	108,525	43,541	64,984	40.1%	127,033	94,807
Transport equipment	-	3,907	-	3,907	1,600	2,307	41.0%	1,000	861
Other Machinery and equipment	121,823	(17,205)	-	104,618	41,941	62,677	40.1%	126,033	93,946
Software and other intangible assets	1,300	-	-	1,300	-	1,300	-	1,400	-
Payments for financial assets	-	18,195	4,054	22,249	36,909	(14,660)	165.9%	854	854
Total	62,225,399	-	-	62,225,399	61,881,821	343,578	99.4%	58,549,994	58,312,147

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 1: Administration										
	2024/25					2023/24				
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Sub programme										
1 Ministry	36,001	7,390	-	43,391	43,201	190	99.6%	41,928	41,847	
2 Management	11,404	(1,790)	-	9,614	9,497	117	98.8%	17,561	14,794	
3 Corporate Service	392,036	2,310	(44,493)	349,853	314,476	35,377	89.9%	389,839	381,558	
4 Property Management	170,378	-	(2,024)	168,354	146,703	21,651	87.1%	168,898	141,660	
5 Financial Management	153,222	(7,910)	(13,600)	131,712	126,342	5,370	95.9%	112,286	98,346	
Total for sub programmes	763,041	-	(60,117)	702,924	640,219	62,705	91.1%	730,512	678,206	
Economic classification										
Current payments	730,298	(4,260)	(60,117)	665,921	628,368	37,553	94.4%	710,715	660,937	
Compensation of employees	255,829	-	3,900	259,729	259,460	269	99.9%	267,363	266,100	
Salaries and wages	224,202	-	-	224,202	225,310	(1,108)	100.5%	236,368	233,897	
Social contributions	31,627	-	3,900	35,527	34,150	1,377	96.1%	30,995	32,203	
Goods and services	474,469	(4,260)	(64,017)	406,192	368,908	37,284	90.8%	443,352	394,837	
Administrative fees	220	(20)	-	200	89	111	44.5%	130	79	
Advertising	10,211	189	(7,027)	3,373	3,263	110	96.7%	4,255	2,596	
Minor assets	2,252	(590)	(50)	1,612	275	1,337	17.1%	2,283	471	
Audit costs: External	46,390	(8,593)	(11,600)	26,197	25,376	821	96.9%	23,579	23,361	
Bursaries: Employees	2,000	500	-	2,500	2,036	464	81.4%	1,909	1,693	
Catering: Departmental activities	1,397	(183)	-	1,214	388	826	32.0%	1,440	292	
Communication (G&S)	15,512	(804)	(2,511)	12,197	12,263	(66)	100.5%	15,905	16,397	
Computer services	51,438	2,669	(20,338)	33,769	33,677	92	99.7%	64,851	64,159	
Consultants: Business & advisory services	30,315	(6,805)	(1,450)	22,060	15,733	6,327	71.3%	16,925	7,765	
Legal services	12,557	7,975	(4,516)	20,532	20,343	189	99.1%	19,308	19,188	
Contractors	20,728	(4,814)	(4,516)	11,398	11,021	377	96.7%	7,780	7,489	
Agency and support / outsourced services	1,160	8,376	(1,000)	8,536	6,884	1,652	80.6%	8,912	6,640	
Entertainment	200	-	-	200	-	200	-	5	91	
Fleet services (including government motor transport)	15,029	1,748	(2,153)	14,624	15,905	(1,281)	108.8%	16,630	19,897	
Inventory: Clothing material & supplies	-	-	-	-	-	-	-	1,200	455	
Inventory: Food and food supplies	-	-	-	-	-	-	-	334	47	
Inventory: Fuel, oil and gas	207	(7)	-	200	-	200	-	3,235	27	
Inventory: Medical supplies	-	-	-	-	-	-	-	700	82	
Inventory: Other supplies	-	-	-	-	-	-	-	2	2	
Consumable supplies	1,834	153	(350)	1,637	1,151	486	70.3%	2,113	981	
Consumable: Stationery, printing and office supplies	9,082	719	(947)	8,854	7,875	979	88.9%	4,523	4,375	
Operating leases	135,255	152	(150)	135,257	134,511	746	99.4%	127,953	110,609	
Property payments	41,749	(881)	(2,024)	38,844	16,738	22,106	43.1%	43,149	34,719	

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 1: Administration									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	36,093	(2,545)	(4,751)	28,797	27,303	1,494	94.8%	35,491	34,160
Training and development	6,427	(500)	(955)	4,972	4,956	16	99.7%	5,604	4,954
Operating payments	28,897	(182)	(3,320)	25,395	25,310	85	99.7%	30,430	30,090
Venues and facilities	3,846	43	(875)	3,014	3,342	(328)	110.9%	4,306	4,166
Rental and hiring	1,670	(860)	-	810	469	341	57.9%	400	51
Transfers and subsidies	20,867	1,450	-	22,317	3,520	18,797	15.8%	3,818	3,320
Provinces and municipalities	-	5	-	5	5	-	100.0%	-	-
Provinces	-	5	-	5	5	-	100.0%	-	-
Provincial agencies and funds	-	5	-	5	5	-	100.0%	-	-
Departmental agencies and accounts	2,667	190	-	2,857	2,262	595	79.2%	2,552	2,055
Departmental agencies	2,667	190	-	2,857	2,262	595	79.2%	2,552	2,055
Foreign governments and international organisations	18,200	-	-	18,200	-	18,200	-	-	-
Households	-	1,255	-	1,255	1,253	2	99.8%	1,266	1,265
Social benefits	-	1,255	-	1,255	1,223	32	97.5%	1,266	1,265
Other transfers to households	-	-	-	-	30	(30)	-	-	-
Payments for Capital assets	11,876	1,640	-	13,516	7,161	6,355	53.0%	15,702	13,672
machinery and equipment	11,876	1,640	-	13,516	7,161	6,355	53.0%	15,702	13,672
Transport equipment	-	3,907	-	3,907	1,600	2,307	41.0%	1,000	861
Other machinery and equipment	11,876	(2,267)	-	9,609	5,561	4,048	57.9%	14,702	12,811
Payments for financial assets	-	1,170	-	1,170	1,170	-	100.0%	277	277
	763,041	-	(60,117)	702,924	640,219	62,705	91.1%	730,512	678,206

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 2: National Health Insurance									
	2023/24					2022/23			
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management P2	9,303	(2,000)	-	7,303	7,009	294	96.0%	8,704	8,244
2. Affordable Medicines	37,390	5,140	7,400	49,930	49,796	134	99.7%	43,096	40,923
3. Health Financing and NHI	1,296,509	(3,140)	4,894	1,298,263	1,111,918	186,345	85.6%	1,460,854	1,375,942
Total for sub programmes	1,343,202	-	12,294	1,355,496	1,168,723	186,773	86.2%	1,512,654	1,425,109
Economic classification									
Current payments									
Compensation of employees	853,226	(13,271)	8,240	848,195	669,215	178,980	78.9%	764,892	705,886
Salaries and wages	93,486	-	-	93,486	67,948	25,538	72.7%	73,301	57,853
Social contributions	85,265	(400)	-	84,865	61,146	23,719	72.1%	66,016	51,889
Goods and services	8,221	400	-	8,621	6,802	1,819	78.9%	7,285	5,964
Administrative fees	759,740	(13,271)	8,240	754,709	601,267	153,442	79.7%	691,591	648,033
Advertising	152	(52)	-	100	-	100	-	12	-
Minor assets	66,195	(4,232)	-	61,963	34,069	27,894	55.0%	726	128
Catering: Departmental activities	41,958	(18,821)	-	23,137	2,881	20,256	12.5%	11,133	6,392
Communication (G&S)	1,105	(396)	-	709	345	364	48.7%	907	189
Computer services	594	(237)	-	357	427	(70)	119.6%	398	262
Consultants: Business & advisory services	176,915	(4,423)	-	172,492	75,371	97,121	43.7%	239,197	235,712
Legal Services	22,882	1,152	-	24,034	3,794	20,240	15.8%	8,016	455
Contractors	485	3,955	-	4,440	4,434	6	99.9%	-	-
Fleet services (including government motor transport)	407,691	18,872	-	426,563	411,196	15,367	96.4%	396,646	386,338
Inventory: Food and food supplies	3,083	(187)	-	2,896	3,324	(428)	114.8%	2,626	3,202
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	102	8
Inventory: Medical supplies	-	-	-	-	-	-	-	30	-
Consumable supplies	2,000	-	-	2,000	-	2,000	-	8,000	-
Consumable: Stationery, printing & office supplies	1,076	(215)	-	861	38,328	(37,467)	4451.6%	345	8
Operating leases	1,916	(435)	-	1,481	101	1,380	6.8%	2,607	201
Travel and subsistence	575	-	-	575	289	286	50.3%	1,710	156
Training and development	16,999	(7,105)	8,240	18,134	18,199	(65)	100.4%	12,116	9,637
Operating payments	2,000	-	-	2,000	762	1,238	38.1%	2,000	801
Venues and facilities	4,491	(2,394)	-	2,097	1,462	635	69.7%	2,058	1,677
Rental and hiring	9,623	1,247	-	10,870	6,285	4,585	57.8%	2,932	2,867
Transfers and subsidies	-	-	-	-	-	-	-	30	-
Total	455,956	110	-	456,066	456,066	-	100.0%	694,857	694,857

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 2: National Health Insurance									
	2023/24					2022/23			
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provinces and municipalities	455,956	-	-	455,956	455,956	-	100.0%	694,675	694,675
Provinces	455,956	-	-	455,956	455,956	-	100.0%	694,675	694,675
Provincial Revenue Funds	455,956	-	-	455,956	455,956	-	100.0%	694,675	694,675
Households	-	110	-	110	110	-	100.0%	182	182
Social benefits	-	110	-	110	110	-	100.0%	182	182
Payments for capital assets	34,020	421	-	34,441	26,653	7,788	77.4%	52,902	24,363
Machinery and equipment	32,720	421	-	33,141	26,653	6,488	80.4%	51,502	24,363
Other machinery and equipment	32,720	421	-	33,141	26,653	6,488	80.4%	51,502	24,363
Software and other intangible assets	1,300	-	-	1,300	-	1,300	-	1,400	-
Payments for financial assets	-	12,740	4,054	16,794	16,789	5	100.0%	3	3
Total	1,343,202	-	12,294	1,355,496	1,168,723	186,773	86.2%	1,512,654	1,425,109

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 3: Communicable and Non-Communicable Diseases									
2024/25							2023/24		
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	8,162	(15)	(3,900)	4,247	3,995	252	94.1%	4,008	3,127
2. HIV, AIDS and STIs	25,127,927	13,425	45,024	25,186,376	25,185,960	416	100.0%	23,351,774	23,341,970
3. Tuberculosis Management	24,831	2,313	(600)	26,544	26,260	284	98.9%	30,160	28,770
4. Women's Maternal and Reproductive Health	18,148	(7,723)	-	10,425	10,013	412	96.0%	14,176	14,010
5. Child, Youth and School Health	27,417	(1,540)	(2,200)	23,677	23,493	184	99.2%	26,442	24,892
6. Communicable Diseases	61,636	(1,160)	-	60,476	52,445	8,031	86.7%	174,983	147,157
7. Non-Communicable Diseases	82,975	(5,300)	(853)	76,822	72,010	4,812	93.7%	90,231	68,035
8. Health Promotion and Nutrition	32,482	-	(401)	32,081	31,448	633	98.0%	32,368	31,148
Total for sub programmes	25,383,578	-	37,070	25,420,648	25,405,624	15,024	99.9%	23,724,142	23,659,109
Economic classification									
Current payments	443,953	(10,356)	27,070	460,667	443,361	17,306	96.2%	536,030	500,023
Compensation of employees	141,833	(2,000)	(900)	138,933	137,886	1,047	99.2%	132,103	121,132
Salaries and wages	124,346	(2,200)	(300)	121,846	121,403	443	99.6%	115,828	105,005
Social contributions	17,487	200	(600)	17,087	16,483	604	96.5%	16,275	16,127
Goods and services	302,120	(8,356)	27,970	321,734	305,475	16,259	94.9%	403,927	378,891
Administrative fees	10	(10)	-	-	1	(1)	-	10	8
Advertising	9,852	12,404	(47)	22,209	10,896	11,313	49.1%	4,493	3,500
Minor assets	12,162	(941)	(168)	11,053	9,967	1,086	90.2%	23,665	26,899
Catering: Departmental activities	5,260	(2,009)	(220)	3,031	1,931	1,100	63.7%	5,628	3,709
Communication (G&S)	7,158	(4,830)	-	2,328	2,243	85	96.3%	4,893	4,678
Computer services	-	-	-	-	12	(12)	-	17	9,628
Consultants: Business and advisory services	74,733	(1,525)	(2,600)	70,608	56,352	14,256	79.8%	54,791	35,934
Contractors	1,155	(521)	-	634	493	141	77.8%	45,179	54,901
Agency and support / outsourced services	-	-	-	-	-	-	-	20,981	11,286
Fleet services (including government motor transport)	9,032	(1,898)	(310)	6,824	6,900	(76)	101.1%	8,081	8,698
Inventory: Clothing material and accessories	100	(100)	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	94	16
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	70	2
Inventory: Medical supplies	37,800	(5,410)	-	32,390	28,022	4,368	86.5%	35,550	33,947
Inventory: Medicine	-	-	-	-	-	-	-	1,509	1,500
Inventory: Other supplies	300	(300)	-	-	-	-	-	-	65
Consumable supplies	1,857	5,083	34,024	40,964	58,179	(17,215)	142.0%	413	60

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 3: Communicable and Non-Communicable Diseases									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationery, printing & office supplies	1,997	(455)	-	1,542	86	1,456	5.6%	519	89
Operating leases	552	-	-	552	490	62	88.8%	666	391
Property payments	-	-	-	-	-	-	-	-	25
Travel and subsistence	31,430	(4,554)	(57)	26,819	26,503	316	98.8%	27,949	30,381
Operating payments	94,973	(3,005)	(89)	91,879	85,654	6,225	93.2%	150,461	127,754
Venues and facilities	8,699	1,715	(2,563)	7,851	15,856	(8,005)	202.0%	15,601	23,330
Rental and hiring	5,050	(2,000)	-	3,050	1,890	1,160	62.0%	3,357	2,090
Transfers and subsidies	24,937,810	739	10,000	24,948,549	24,939,406	9,143	100.0%	23,164,701	23,156,043
Provinces and municipalities	24,724,358	-	-	24,724,358	24,724,358	-	100.0%	22,934,604	22,934,604
Provinces	24,724,358	-	-	24,724,358	24,724,358	-	100.0%	22,934,604	22,934,604
Provincial Revenue Funds	24,724,358	-	-	24,724,358	24,724,358	-	100.0%	22,934,604	22,934,604
Departmental agencies & accounts	-	8	-	8	7	1	87.5%	30,234	30,234
Departmental agencies	-	8	-	8	7	1	87.5%	30,234	30,234
Non-profit institutions	203,952	-	10,000	213,952	213,952	-	100.0%	189,786	189,786
Households	9,500	731	-	10,231	1,089	9,142	10.6%	10,077	1,419
Social benefits	-	731	-	731	730	1	99.9%	1,074	1,074
Other transfers to households	9,500	-	-	9,500	359	9,141	3.8%	9,003	345
Payments for capital assets	1,815	8,371	-	10,186	6,942	3,244	68.2%	23,169	2,801
Machinery and equipment	1,815	8,371	-	10,186	6,942	3,244	68.2%	23,169	2,801
Other machinery and equipment	1,815	8,371	-	10,186	6,942	3,244	68.2%	23,169	2,801
Payments for financial assets	-	1,246	-	1,246	15,915	(14,669)	1277.3%	242	242
Total	25,383,578	-	37,070	25,420,648	25,405,624	15,024	99.9%	23,724,142	23,659,109

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 4: Primary Health Care									
	Adjusted budget	2024/25				Variance	2023/24		
		Shifting of funds	Virement	Final budget	Actual expenditure		Expenditure as % of final appropriation	Final budget	
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Programme Management P4	6,845	(2,800)	-	4,045	2,772	1,273	68.5%	6,487	3,936
2. District Health Services	3,258,317	(170)	(4,100)	3,254,047	3,253,477	570	100.0%	2,948,815	2,947,602
3. Environmental and Port Health Services	44,126	255	(2,000)	42,381	27,932	14,449	65.9%	27,422	26,965
4. Emergency Medical Services and Trauma	9,126	2,715	-	11,841	11,344	497	95.8%	11,346	11,300
Total for sub programmes	3,318,414	-	(6,100)	3,312,314	3,295,525	16,789	99.5%	2,994,070	2,989,803
Economic classification									
Current payments	79,074	(185)	(6,100)	72,789	56,290	16,499	77.3%	59,758	55,884
Compensation of employees	61,989	-	(3,000)	58,989	43,897	15,092	74.4%	46,781	43,187
Salaries and wages	55,334	(900)	(3,000)	51,434	38,399	13,035	74.7%	40,176	37,940
Social contributions	6,655	900	-	7,555	5,498	2,057	72.8%	6,605	5,247
Goods and services	17,085	(185)	(3,100)	13,800	12,393	1,407	89.8%	12,977	12,697
Administrative fees	65	(50)	-	15	57	(42)	380.0%	80	57
Advertising	20	342	-	362	342	20	94.5%	205	35
Minor assets	260	-	-	260	135	125	51.9%	199	95
Catering: Departmental activities	220	237	-	457	85	372	18.6%	247	72
Communication (G&S)	720	28	-	748	1,456	(708)	194.7%	460	493
Computer services	1,000	(1,000)	-	-	-	-	-	5	-
Consultants: Business and advisory services	300	-	(300)	-	-	-	-	-	-
Contractors	420	(190)	-	230	249	(19)	108.3%	730	490
Fleet services (including government motor transport)	1,655	(100)	(206)	1,349	1,104	245	81.8%	1,738	1,844
Inventory: Food & food supplies	-	-	-	-	-	-	-	44	8
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	10	-
Consumable supplies	207	-	-	207	48	159	23.2%	134	52
Consumable: Stationery, printing & office supplies	674	(220)	-	454	32	422	7.0%	442	72
Operating leases	245	-	-	245	264	(19)	107.8%	308	276

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 4: Primary Health Care									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Property payments	-	-	-	-	-	-	-	37	-
Travel & subsistence	7,916	718	(2,093)	6,541	6,241	300	95.4%	6,923	7,485
Operating payments	1,483	(400)	(484)	599	395	204	65.9%	174	108
Venues & facilities	1,900	450	(17)	2,333	1,985	348	85.1%	1,241	1,610
Transfers and subsidies	3,238,337	113	-	3,238,450	3,238,448	2	100.0%	2,932,719	2,932,773
Provinces & municipalities	3,238,337	-	-	3,238,337	3,238,337	-	100.0%	2,931,257	2,931,257
Provinces	3,238,337	-	-	3,238,337	3,238,337	-	100.0%	2,931,257	2,931,257
Provincial Revenue Funds	3,238,337	-	-	3,238,337	3,238,337	-	100.0%	2,931,257	2,931,257
Departmental agencies and accounts	-	8	-	8	7	1	87.5%	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	8	-	8	7	1	87.5%	-	-
Households	-	105	-	105	104	1	99.0%	1,462	1,516
Social benefits	-	105	-	105	104	1	99.0%	1,462	1,516
Payments for capital assets	1,003	-	-	1,003	716	287	71.4%	1,593	1,146
Machinery and equipment	1,003	-	-	1,003	716	287	71.4%	1,593	1,146
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	1,003	-	-	1,003	716	287	71.4%	1,593	1,146
Payment for financial assets	-	72	-	72	71	1	98.6%	-	-
Total	3,318,414	-	(6,100)	3,312,314	3,295,525	16,789	99.5%	2,994,070	2,989,803

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 5: Hospital Systems										
2024/25							2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Sub programme										
1. Programme Management P5	6,855	(1,350)	-	5,505	3,052	2,453	55.4%	5,547	3,201	
2. Health Facilities Infrastructure Management	8,625,789	1,200	-	8,626,989	8,584,594	42,395	99.5%	8,096,995	8,095,996	
3. Hospital System	15,274,065	150	(1,200)	15,273,015	15,272,975	40	100.0%	14,033,466	14,031,628	
Total for sub programmes	23,906,709	-	(1,200)	23,905,509	23,860,621	44,888	99.8%	22,136,008	22,130,825	
Economic classification										
Current payments	84,536	(121)	(1,200)	83,215	80,438	2,777	96.7%	219,472	116,468	
Compensation of employees	29,952	-	-	29,952	27,809	2,143	92.8%	30,240	25,055	
Salaries and wages	27,656	(650)	-	27,006	24,649	2,357	91.3%	27,759	22,089	
Social contributions	2,296	650	-	2,946	3,160	(214)	107.3%	2,481	2,966	
Goods and services	54,584	(121)	(1,200)	53,263	52,629	634	98.8%	189,232	91,413	
Administrative fees	51	-	-	51	32	19	62.7%	23	23	
Advertising	349	(260)	-	89	-	89	-	230	53	
Minor assets	397	(6)	(2)	389	186	203	47.8%	6,644	1,072	
Catering: Departmental activities	136	(21)	(96)	19	6	13	31.6%	185	8	
Communication (G&S)	259	(5)	(96)	158	137	21	86.7%	333	125	
Consultants: Business & advisory services	46,149	(5)	-	46,144	47,444	(1,300)	102.8%	174,399	86,350	
Contractors	10	-	-	10	85	(75)	850.0%	1,040	-	
Fleet services (including government motor transport)	382	-	(84)	298	218	80	73.2%	360	321	
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	80	-	
Inventory: Food and food supplies	-	-	-	-	-	-	-	55	5	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	10	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	
Consumable supplies	159	5	(27)	137	36	101	26.3%	481	3	
Consumable: Stationery, printing & office supplies	180	-	(65)	115	-	115	-	185	-	
Operating leases	230	-	(49)	181	93	88	51.4%	250	67	
Property payments	-	-	-	-	-	-	-	410	218	
Travel and subsistence	5,462	171	(748)	4,885	3,739	1,146	76.5%	3,900	2,921	
Training and development	-	-	-	-	-	-	-	-	-	

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 5: Hospital Systems									
	2024/25					2023/24			
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	126	-	(33)	93	97	(4)	104.3%	520	93
Venues and facilities	694	-	-	694	556	138	80.1%	127	154
Transfers and subsidies	22,422,125	101	-	22,422,226	22,422,225	1	100.0%	20,703,988	20,703,988
Provinces and municipalities	22,422,125	-	-	22,422,125	22,422,125	-	100.0%	20,703,806	20,703,806
Provinces	22,422,125	-	-	22,422,125	22,422,125	-	100.0%	20,703,806	20,703,806
Provincial Revenue Funds	22,422,125	-	-	22,422,125	22,422,125	-	100.0%	20,703,806	20,703,806
Departmental agencies and accounts	-	27	-	27	27	-	100.0%	-	-
Departmental agencies	-	27	-	27	27	-	100.0%	-	-
Households	-	74	-	74	73	1	98.6%	182	182
Social benefits	-	74	-	74	73	1	98.6%	182	182
Payments for capital assets	1,400,048	20	-	1,400,068	1,357,958	42,110	97.0%	1,212,548	1,310,369
Buildings and other fixed structures	1,333,182	24,000	-	1,357,182	1,357,047	135	100.0%	1,183,673	1,259,755
Buildings	1,333,182	24,000	-	1,357,182	1,357,047	135	100.0%	-	-
Other fixed structures	-	-	-	-	-	-	-	1,183,673	1,259,755
Machinery and equipment	66,866	(23,980)	-	42,886	911	41,975	2.1%	28,875	50,614
Other machinery and equipment	66,866	(23,980)	-	42,886	911	41,975	2.1%	28,875	50,614
Total	23,906,709	-	(1,200)	23,905,509	23,860,621	44,888	99.8%	22,136,008	22,130,825

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 6: Health System Governance and Human Resources										
	2024/25					2023/24				
	Adjusted budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Sub programme										
1. Programme Management p6	8,456	(130)	-	8,326	4,833	3,493	58.0%	7,367	5,000	
2. Policy and Planning	7,402	1,097	1,100	9,599	8,441	1,158	87.9%	5,795	5,468	
3. Public Entities Management & Laboratories	1,876,556	3,283	16,953	1,896,792	1,885,403	11,389	99.4%	1,860,261	1,848,677	
4. Nursing Services	10,306	(250)	-	10,056	9,665	391	96.1%	10,319	10,229	
5. Health Information, Monitoring & Evaluation	69,879	(6,491)	-	63,388	62,526	862	98.6%	67,121	58,492	
6. Human Resources for Health	5,537,856	2,491	-	5,540,347	5,540,241	106	100.0%	5,501,745	5,501,229	
Total for sub programmes	7,510,455	-	18,053	7,528,508	7,511,109	17,399	99.8%	7,452,608	7,429,095	
Economic classification										
Current payments	175,832	(4,121)	15,400	187,111	176,352	10,759	94.2%	185,270	165,697	
Compensation of employees	111,028	-	-	111,028	102,258	8,770	92.1%	107,647	101,584	
Salaries and wages	98,523	(1,100)	-	97,423	87,861	9,562	90.2%	94,555	87,359	
Social contributions	12,505	1,100	-	13,605	14,397	(792)	105.8%	13,092	14,225	
Goods and services	64,804	(4,121)	15,400	76,083	74,094	1,989	97.4%	77,623	64,113	
Administrative fees	10	3	-	13	3	10	23.1%	1	-	
Advertising	723	(204)	-	519	326	193	62.8%	1,103	584	
Minor assets	1,031	(297)	-	734	355	379	48.4%	1,101	218	
Audit costs: External	2,581	-	-	2,581	2,239	342	86.7%	2,246	2,266	
Catering: Departmental activities	280	(81)	-	199	57	142	28.6%	487	121	
Communication (G&S)	715	220	-	935	940	(5)	100.5%	848	788	
Computer services	1,309	(623)	-	686	340	346	49.6%	2,136	1,349	
Consultants: Business and advisory services	21,350	(4,736)	7,855	24,469	23,308	1,161	95.3%	30,836	23,080	
Contractors	3,875	(345)	-	3,530	2,698	832	76.4%	3,991	2,767	
Agency and support / outsourced services	960	120	-	1,080	1,620	(540)	150.0%	1,010	-	
Fleet services (including government motor transport)	2,604	(442)	-	2,162	2,649	(487)	122.5%	2,532	3,061	
Inventory: Clothing material & supplies	-	-	-	-	-	-	-	70	-	
Inventory: Food and food supplies	-	-	-	-	-	-	-	111	25	
Inventory: Fuel, oil and gas	35	(17)	-	18	-	18	-	45	-	
Inventory: Medical supplies	90	84	-	174	37	137	21.3%	60	1	
Consumable supplies	196	144	-	340	228	112	67.1%	125	99	

HEALTH VOTE 18

APPROPRIATION STATEMENT for the year ended 31 March 2025

Programme 6: Health System Governance and Human Resources									
	2024/25					2023/24			
	Adjusted budget R'000	Shifting of funds R'000	Virement R'000	Final budget R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final budget R'000	Actual expenditure R'000
Consumable: Stationery, printing & office supplies	1,444	(610)	-	834	394	440	47.2%	1,480	502
Operating leases	585	(50)	-	535	542	(7)	101.3%	559	297
Property payments	983	-	-	983	916	67	93.2%	953	859
Travel and subsistence	17,264	1,205	7,545	26,014	25,924	90	99.7%	14,327	15,426
Operating payments	3,949	(726)	-	3,223	2,512	711	77.9%	3,006	2,157
Venues and facilities	4,820	2,234	-	7,054	9,006	(1,952)	127.7%	10,596	10,513
Transfers and subsidies	7,327,080	904	2,653	7,330,637	7,330,635	2	100.0%	7,260,814	7,260,814
Provinces and municipalities	5,517,102	-	-	5,517,102	5,517,102	-	100.0%	5,479,023	5,479,023
Provinces	5,517,102	-	-	5,517,102	5,517,102	-	100.0%	5,479,023	5,479,023
Provincial Revenue Funds	5,517,102	-	-	5,517,102	5,517,102	-	100.0%	5,479,023	5,479,023
Departmental agencies and accounts	1,791,756	136	2,653	1,794,545	1,794,544	1	100.0%	1,774,263	1,774,263
Social security funds	1,813	-	2,653	4,466	4,466	-	100.0%	1,735	1,735
Departmental agencies and accounts	1,789,943	136	-	1,790,079	1,790,078	1	100.0%	1,772,528	1,772,528
Non-Profit Institutions	18,222	-	-	18,222	18,222	-	100.0%	6,500	6,500
Households	-	768	-	768	767	1	99.9%	1,028	1,028
Social benefits	-	768	-	768	767	1	99.9%	1,028	1,028
Payments for capital assets	7,543	250	-	7,793	1,158	6,635	14.9%	6,192	2,252
Buildings and other fixed structures	-	-	-	-	-	-	-	-	41
Buildings	-	-	-	-	-	-	-	-	41
Machinery and equipment	7,543	250	-	7,793	1,158	6,635	14.9%	6,192	2,211
Other machinery and equipment	7,543	250	-	7,793	1,158	6,635	14.9%	6,192	2,211
Payments for financial assets	-	2,967	-	2,967	2,964	3	99.9%	332	332
Total	7,510,455	-	18,053	7,528,508	7,511,109	17,399	99.8%	7,452,608	7,429,095

HEALTH VOTE 18**NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2025****1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

Detail of these transactions can be viewed in the note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in the note (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):**4.1 Per programme**

	Final budget	Actual expenditure	Variance R'000	Variance as a % of final budget
Programme 1: Administration	702,924	640,219	62,705	91%
Invoices for municipal services for the month of March 2025 will be processed in April 2025. Procurement of the Microsoft Professional services is still in the quotation phase. The tender process for IT Security solutions done through SITA was delayed, it had to be readvertised as no suitable bidder was found. Vacant posts which are in the process of being filled also contribute to the underspending in the programme.				
Programme 2: National Health Insurance	1,355,496	1,168,723	186,773	86%
R65 million was committed for the communication strategy and only 45% was utilised at financial year end as some campaigns and communication projects are still ongoing. 38% of R84 million committed for the Council for Scientific and Industrial Research NHI Information System contract has been utilised to date. Vacant posts also contribute to the underspending in the programme.				
Programme 3: Communicable and NCDs	25,420,648	25,405,624	15,024	100%
Programme 4: Primary Health Care	3,312,314	3,295,525	16,789	99%
Programme 5: Hospital Systems	23,905,509	23,860,621	44,888	100%
Programme 6: Health System Governance & HR	7,528,508	7,511,109	17,399	100%

4.2 Per economic classification

	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Variance as a % of final appropriation R'000
Current expenditure				
Compensation of employees	692,117	639,258	52,859	92%
Goods and services	1,625,781	1,414,766	211,015	87%
Transfers and subsidies				
Provinces and municipalities	56,357,883	56,357,883	-	100%
Departmental agencies and accounts	1,797,446	1,796,846	600	100%
Foreign governments and international organisations	18,200	-	18,200	-
Non-profit institutions	232,174	232,174	-	100%
Households	12,543	3,396	9,147	27%
Payments for capital assets				
Buildings and other fixed structures	1,357,182	1,357,047	135	100%
Machinery and equipment	108,525	43,541	64,984	-
Software and other intangible assets	1,300	-	1,300	-
Payments for financial assets	22,249	36,909	(14,660)	166%

Compensation of employees:

Vacant posts across the department are being filled.

Goods and services:

Procurement of the Microsoft Professional service is still in the quotation phase. The tender process for IT Security solutions done through SITA was delayed, it had to be readvertised as no suitable bidder was found. R65 million was committed for the communication strategy and only 45% was utilised at financial year end as some campaigns and communication projects are still ongoing. 38% of R84 million committed for the Council for Scientific and Industrial Research NHI Information System contract has been utilised to date.

Payment for capital assets:

Procurement process of IT equipment for NDOH and provinces not yet finalized.

HEALTH VOTE 18**NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2025****4.3 Per conditional grant**

	Final budget	Actual expenditure	Variance	Variance as a % of final budget
	R'000	R'000	R'000	R'000
National Health Insurance	455 956	455 956	-	100,00%
District Health Programme Gant: HIV/AIDS	24 724 358	24 724 358	-	100,00%
District Health Programme Grant: District Health	3 238 337	3 238 337	-	100,00%
Health Facility Revitalisation Grant	7 158 341	7 158 341	-	100,00%
National Tertiary Service Grant	15 263 784	15 263 784	-	100,00%
Health Professions Training and Development	2 950 616	2 950 616	-	100,00%
Human Resources Capacitation	2 566 486	2 566 486	-	100,00%
Health Facility Revite Component	1 442 813	1 403 557	39 256	93,81%
Health System Component	756 737	608 471	148 266	75,39%

Health Facilities Revite Component:

Limpopo Academic hospital project was delayed due to excessive rock excavation resulting in changes to the construction drawings for the foundations, columns, and floor slabs. The underspending on other projects was due to lack of flexibility to reallocate funds from underperforming projects to over performing projects during the final quarter of the financial year

Health System Component:

R65 million was committed for the communication strategy and only 45% was utilised at financial year end as some campaigns and communication projects are still ongoing. 38% of R84 million committed for the Council for Scientific and Industrial Research NHI Information System contract has been utilised to date.

HEALTH VOTE 18**STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2025**

	Note	2024/25 R'000	2023/24 R'000
REVENUE			
Annual appropriation	1	62,225,399	58,549,994
Departmental Revenue	2	660,624	139,213
Aid assistance	3	2,429,042	1,688,802
TOTAL REVENUE		65,315,065	60,378,009
EXPENDITURE			
Current expenditure			
Compensation of employees	4	639,258	614,912
Goods and services	5	1,414,767	1,590,022
Aid assistance	3	1,811,793	1,538,427
Total current expenditure		3,865,818	3,743,361
Transfers and subsidies			
Transfer and subsidies	7	58,390,299	54,751,796
Total transfers and subsidies		58,390,299	54,751,796
Expenditure for capital assets			
Tangible assets	8	1,451,879	1,354,562
Total expenditure for capital assets		1,451,879	1,354,562
Payment for financial assets	6	36,909	855
TOTAL EXPENDITURE		63,744,905	59,850,574
SURPLUS/(DEFICIT) FOR THE YEAR		1,570,160	527,435
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		343,578	237,847
Annual appropriation		343,578	237,847
Departmental revenue and NRF Receipts	13	660,624	139,213
Aid Assistance	3	565,958	150,375
SURPLUS/(DEFICIT) FOR THE YEAR		1,570,160	527,435

HEALTH VOTE 18**STATEMENT OF FINANCIAL POSITION for the year ended 31 March 2025**

	Note	2024/25 R'000	2023/24 R'000
ASSETS			
Current assets		942,329	482,193
Cash and cash equivalents	9	738,023	23
Prepayments and advances	10	34,556	85,615
Receivables	11	169,750	396,555
Non-current assets		47,480	76,388
Receivables	11	47,480	76,388
TOTAL ASSETS		989,809	558,581
LIABILITIES			
Current liabilities		983,106	551,938
Voted funds to be surrendered to the Revenue Fund	12	343,578	237,846
Departmental revenue & NRF Receipts to be surrendered to the Revenue Fund	13	10,063	4,260
Bank overdraft	14	-	21,061
Payables	15	63,507	138,396
Aid assistance repayable	3	565,958	150,375
TOTAL LIABILITIES		983,106	551,938
NET ASSETS		6,703	6,643
Represented by:			
Recoverable revenue		25,864	25,804
Unauthorised expenditure		(19,161)	(19,161)
TOTAL		6,703	6,643

HEALTH VOTE 18**STATEMENT OF CHANGES IN NET ASSETS for the year ended 31 March 2025****Note**

	2024/25 R'000	2023/24 R'000
RECOVERABLE REVENUE		
Opening balance	25,804	25,541
Transfers:	60	263
Recoverable amounts written off	(36,909)	855
Debts revised		-
Debts recovered (included in departmental revenue)	(2,398)	(1,280)
Debts raised	39,367	688
Closing balance	25,864	25,804
Unauthorised expenditure		
Opening balance	(19,161)	(19,161)
Less: Amounts written off		
Closing balance	(19,161)	(19,161)
TOTAL	6,703	6,643

HEALTH VOTE 18**CASH FLOW STATEMENT for the year ended 31 March 2025**

	Note	2024/25 R'000	2023/24 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		65,314,709	60,378,009
Annual appropriated funds received	1.1	62,225,399	58,549,994
Departmental revenue received	2	644,846	125,395
Interest received	2.2	15,422	13,818
Aid assistance received	3	2,429,042	1,688,802
Net (increase)/decrease in working capital		202,975	15,677
Surrendered to Revenue Fund		(892,667)	(1,800,783)
Surrendered to RDP Fund/Donor		(150,375)	(114,031)
Current payments		(3,865,818)	(3,743,361)
Payments for financial assets		(36,909)	(855)
Transfers and subsidies paid		(58,390,299)	(54,751,796)
Net cash flow available from operating activities	16	2,181,616	(17,140)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(1,451,879)	(1,354,562)
Proceeds from sale of capital assets	2.3	356	-
(Increase)/decrease in non-current receivables		28,908	41,175
Net cash flows from investing activities		-1,422,615	-1,313,387
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		60	263
Net cash flows from financing activities		60	263
Net increase/(decrease) in cash and cash equivalents		759,061	-1,330,264
Cash and cash equivalents at beginning of period		(21,038)	1,309,226
Cash and cash equivalents at end of period	17	738,023	(21,038)

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****PART A: ACCOUNTING POLICIES****Summary of significant accounting policies**

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	Basis of preparation
	The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern
	The financial statements have been prepared on a going concern basis.
3	Presentation currency
	Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department
4	Rounding
	Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation
	Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information
	Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget
	A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	Revenue
7.1	Appropriated funds
	Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).
	Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.
	Appropriated funds are measured at the amounts receivable.
	The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025**

7.2	Departmental revenue
	Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Departmental revenue is measured at the cash amount received. In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	Accrued departmental revenue
	Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: - it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and - the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.
8	Expenditure
8.1	Compensation of employees
8.1.1	Salaries and wages
	Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	Social contributions
	Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	Other expenditure
	Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold. Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.
8.3	Accruals and payables not recognised
	Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.
8.4	Leases
8.4.1	Operating leases
	Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue. The operating lease commitments are recorded in the notes to the financial statements.

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025**

8.4.2	Finance leases Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. At commencement of the finance lease term, finance lease assets acquired are recorded and measured at: the fair value of the leased asset; or if lower, the present value of the minimum lease payments. Finance lease assets acquired prior to 1 April 2024, are recorded and measured at the present value of the minimum lease payments.
9	Aid assistance
9.1	Aid assistance received Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. CARA Funds are recognised when receivable and measured at the amounts receivable. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	Aid assistance paid Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	Cash and cash equivalents Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	Prepayments and advances Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. Prepayments and advances expensed before 1 April 2024 are recorded until the goods, services, or capital assets are received, or the funds are utilised in accordance with the contractual agreement.
12	Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
13	Investments Investments are recognised in the statement of financial position at cost.

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025**

14	Financial assets
14.1	Financial assets (not covered elsewhere) A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	Impairment of financial assets Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	Payables Payables recognised in the statement of financial position are recognised at cost.
16	Capital assets
16.1	Immovable capital assets Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	Movable capital assets Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Biological assets are subsequently carried at fair value. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	Intangible capital assets Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025**

16.4	Project costs: Work-in-progress Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17	Provisions and contingents
17.1	Provisions Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
17.2	Contingent liabilities Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.3	Contingent assets Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.4	Capital commitments Capital commitments are recorded at cost in the notes to the financial statements.
18	Unauthorised expenditure Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either: • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. Unauthorised expenditure recorded in the notes to the financial statements comprise of • unauthorised expenditure that was under assessment in the previous financial year; • unauthorised expenditure relating to previous financial year and identified in the current year; and • Unauthorised expenditure incurred in the current year.

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

19	Fruitless and wasteful expenditure Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of: • fruitless and wasteful expenditure that was under assessment in the previous financial year; • fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and • fruitless and wasteful expenditure incurred in the current year.
20	Irregular expenditure Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of: • irregular expenditure that was under assessment in the previous financial year; • irregular expenditure relating to previous financial year and identified in the current year; and • irregular expenditure incurred in the current year.
21	Changes in accounting policies, estimates and errors Changes in accounting policies are applied in accordance with MCS requirements. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.
22	Events after the reporting date Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.
23	Principal-Agent arrangements The department is party to a principal-agent arrangement for <i>[include details here]</i>. In terms of the arrangement the department is the <i>[principal / agent]</i> and is responsible for <i>[include details here]</i>. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
24	Departures from the MCS requirements <i>[Insert information on the following: that management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard except that it has departed from a particular requirement to achieve fair presentation; and the requirement from which the department has departed, the nature of the departure and the reason for departure.]</i>
25	Capitalisation reserve The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
26	Recoverable revenue Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025**

27	Related party transactions Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The full compensation of key management personnel is recorded in the notes to the financial statements.
28	Inventories At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
29	Public-Private Partnerships Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
30	Employee benefits The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note. Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date. The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
31	Transfer of functions Transfer of functions are accounted for by the acquirer by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of transfer. Transfer of functions are accounted for by the transferor by derecognising or removing assets and liabilities at their carrying amounts at the date of transfer.
32	Mergers Mergers are accounted for by the combined department by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of the merger. Mergers are accounted for by the combining departments by derecognising or removing assets and liabilities at their carrying amounts at the date of the merger.

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

1. Annual Appropriation

1.1. Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2024/25			2023/24		
	Final budget	Actual funds received	Funds not requested/not received	Final budget	Appropriation received	Funds not requested /not received
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	763,041	763,041	-	730,512	730,512	-
National Health Insurance	1,343,202	1,343,202	-	1,512,654	1,512,654	-
Communicable & Non-Communicable Diseases	25,383,578	25,383,578	-	23,724,142	23,724,142	-
Primary Health Care	3,318,414	3,318,414	-	2,994,070	2,994,070	-
Hospital Systems	23,906,709	23,906,709	-	22,136,008	22,136,008	-
Health System Governance & HR	7,510,455	7,510,455	-	7,452,608	7,452,608	-
Total	62,225,399	62,225,399	-	58,549,994	58,549,994	-

1.2 Conditional grants

Note

		2024/25 R'000	2023/24 R'000
Total grants received	45	2,199,527	2,099,098
Provincial grants included in Total Grants received		56,357,883	52,743,365

2. Departmental revenue

Note

		2024/25 R'000	2023/24 R'000
Tax revenue			
Sales of goods and services other than capital assets	2.1	428,534	100,067
Interest, dividends and rent on land	2.2	15,422	13,818
Sales of capital assets		356	-
Transactions in financial assets and liabilities	2.4	216,312	25,328
Total revenue collected		660,624	139,213
Less: Own revenue included in appropriation	19		
Departmental revenue collected		660,624	139,213

2.1 Sales of goods and services other than capital assets

Note

		2024/25 R'000	2023/24 R'000
Sales of goods and services produced by the department	2	428,529	100,067
Sales by market establishment		78	93
Administrative fees		2,827	2,417
Other sales		425,624	97,557
Sales of scrap, waste and other used current goods		5	
Total		428,534	100,067

The main contributor to the total on sales of goods and services other than capital assets is revenue collected on sales of vaccines

2.2 Interest, dividends and rent on land

Note

		2024/25 R'000	2023/24 R'000
Interest	2	15,422	13,818
Total		15,422	13,818

2.3 Sales of capital assets

Note

		2024/25 R'000	2023/24 R'000
Tangible assets		-	-
Machinery, equipment, and vehicles		356	-
Total		356	-

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024****2.4 Transactions in financial assets and liabilities**

	Note	2024/25 R'000	2023/24 R'000
Other Receipts including Recoverable Revenue	2	216,312	25,328
Total		216,312	25,328

Included in other receipts is an amount of R1.2 million recovered for vaccine debt and 213 million refund received from a foreign vaccine company

3. Aid assistance

	Note	2024/25 R'000	2023/24 R'000
Opening Balance			
Prior period error		150,375	114,031
As restated		150,375	114,031
Transferred from statement of financial performance		565,958	150,375
Paid during the year		(150,375)	(114,031)
Closing Balance		565,958	150,375

3.1 Analysis of balance by source

	Note	2024/25 R'000	2023/24 R'000
Aid assistance from RDP		565,958	150,375
Closing balance	3	565,958	150,375

3.2 Analysis of balance

	Note	2024/25 R'000	2023/24 R'000
Aid assistance repayable		565,958	150,375
Closing balance	3	565,958	150,375

3.3 Aid assistance expenditure per economic classification

	Note	2024/25 R'000	2023/24 R'000
Current		1,811,793	1,538,427
Capital	8	51,291	
Total aid assistance expenditure		1,863,084	1,538,427

4. Compensation of employees**4.1 Salaries and Wages**

	Note	2024/25 R'000	2023/24 R'000
Basic salary		444,686	411,342
Performance award		241	460
Service Based		781	590
Compensative/circumstantial		3,091	5,764
Other non-pensionable allowances		109,967	120,024
Total		558,766	538,180

4.2 Social contributions

	Note	2024/25 R'000	2023/24 R'000
Employer contributions			
Pension		53,160	51,358
Medical		27,264	25,306
Bargaining council		68	68
Total		80,492	76,732
Total compensation of employees		639,258	614,912
Average number of employees		829	852

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****5. Goods and services**

	Note	2024/25 R'000	2023/24 R'000
Administrative fees		182	168
Advertising		48,895	6,896
Minor assets	5.1	13,801	35,147
Bursaries (employees)		2,036	1,570
Catering		2,811	4,514
Communication		17,466	22,741
Computer services	5.2	109,398	310,848
Consultants: Business and advisory services		146,632	153,584
Legal services		24,777	19,188
Contractors		425,742	451,985
Agency and support / outsourced services		8,504	17,925
Entertainment		-	91
Audit cost – external	5.3	27,616	25,627
Fleet services		30,100	37,023
Inventories	5.4	28,059	36,192
Consumables	5.5	106,459	6,440
Operating leases		136,191	111,796
Property payments	5.6	17,653	35,862
Rental and hiring		2,358	2,141
Travel and subsistence	5.7	107,909	100,010
Venues and facilities		37,030	42,642
Training and development		5,718	5,127
Other operating expenditure	5.8	115,430	162,505
Total		1,414,767	1,590,022

5.1 Minor assets

	Note	2024/25 R'000	2023/24 R'000
	5		
Tangible assets			
Machinery and equipment		13,801	35,147
Total		13,801	35,147

5.2 Computer services

	Note	2024/25 R'000	2023/24 R'000
	5		
SITA computer services		7,402	6,820
External computer service providers		101,996	304,028
Total		109,398	310,848

Fewer computer equipment purchased for the provinces

5.3 Audit cost – External

	Note	2024/25 R'000	2023/24 R'000
	5		
Regularity audits		27,616	25,627
Total		27,616	25,627

5.4 Inventories

	Note	2024/25 R'000	2023/24 R'000
	5		
Clothing material and accessories		-	455
Food and food supplies		-	112
Fuel, oil and gas		-	28
Materials and supplies		-	67
Medical supplies		28,059	34,030
Medicine		-	1,500
Total		28,059	36,192

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****5.5 Consumables**

	Note	2024/25	2023/24
	5	R'000	R'000
Consumable supplies		97,970	1,204
Uniform and clothing		37	317
Household supplies		803	399
Building material and supplies		1,400	229
Communication accessories		39	3
IT consumables		405	64
Other consumables		95,286	192
Stationery, printing, and office supplies		8,489	5,236
Total		106,459	6,440

R973 926 on building materials and suppliers relates to the expenditure for hardware. Medical supplies not paid by the donor as anticipated

5.6 Property payments

	Note	2024/25	2023/24
	5	R'000	R'000
Municipal services		13,061	29,383
Property management fees		-	802
Property maintenance and repairs		-	41
Other		4,592	5,636
Total		17,653	35,862

The shifting of functions relating to laboratory services to NHLS, port health to BMA and furthermore during 2023/24 financial year previous years invoices were settled due to disputes from previous financial years

5.7 Travel and subsistence

	Note	2024/25	2023/24
	5	R'000	R'000
Local		94,522	89,397
Foreign		13,387	10,613
Total		107,909	100,010

5.8 Other operating expenditure

	Note	2024/25	2023/24
	5	R'000	R'000
Professional bodies, membership and subscription fees		105,162	113,464
Resettlement costs		54	239
Other		10,214	48,802
Total		115,430	162,505

The decrease on other operating expenditure relates to a drop in couriers and delivery services

6. Payments for financial assets

	Note	2024/25	2024/25
		R'000	R'000
Debts written off	6.1	36,909	855
Total		36,909	855

6.1 Debts written off

	Note	2024/25	2024/25
	6	R'000	R'000
Recoverable revenue written off			
Theft and losses		36,909	855
Total		36,909	855
Total debt written off		36,909	855

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****7. Transfers and subsidies**

		2024/25 R'000	2023/24 R'000
	<i>Note</i>		
Provinces and municipalities	46,47	56,357,883	52,743,365
Departmental agencies and accounts	Annexure 1A	1,796,846	1,776,318
Non-profit institutions	Annexure 1B	232,174	226,520
Households	Annexure 1C	3,396	5,593
Total		58,390,299	54,751,796

The changes in the prior period balance is due to reclassification SANAC by National Treasury from Departmental agency to Non-profit organisation

8. Expenditure for capital assets

	<i>Note</i>	2024/25 R'000	2023/24 R'000
Tangible assets		1,451,879	1,354,562
Buildings and other fixed structures		1,357,047	1,259,714
Machinery and equipment		94,832	94,848
Total		1,451,879	1,354,562

included in the amount of R43 608 219.71 , there is an amount of R 1 600 000 for motor vehicles

8.1. Analysis of funds utilised to acquire capital assets – Current year

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets			
Buildings and other fixed structures	1,357,047	-	1,357,047
Machinery and equipment	43,541	51,291	94,832
Total	1,400,588	51,291	1,451,879

8.2. Analysis of funds utilised to acquire capital assets – Prior year

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets			
Buildings and other fixed structures	1,259,714	-	1,259,714
Machinery and equipment	94,848	-	94,848
Total	1,354,562		1,354,562

9. Cash and cash equivalents

	<i>Note</i>	2024/25 R'000	2023/24 R'000
Consolidated Paymaster General Account		738,000	-
Cash on hand		23	23
Total		738,023	23

Composition of the PMG account consist of bank account R 772 996, outstanding payment of (R 35 506) and cash from commercial bank R 510

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

10. Prepayments and advances

	Note	2024/25 R'000	2023/24 R'000
Travel and subsistence			24
Advances paid (Not expensed)	10.1	34,556	85,591
Total		34,556	85,615

Analysis of Total Prepayments and advances

Current Prepayments and advances	34,556	85,615
Non current Prepayments and advances		-
Total	34,556	85,615

10.1. Advances paid (Not expensed)

Note	Balance as at 1 April 2024 R'000	Less: Amount expensed in current year R'000	Add or Less: Other R'000	Add: Current Year advances R'000	Balance as at 31 March 2025 R'000
10					
National departments	3,115	(15,235)		17,000	4,880
Provincial departments	13,661	(13,661)			
Public entities	68,815	(1,409,909)		1,370,770	29,676
Total	85,591	(1,438,805)	-	1,387,770	34,556

Note	Balance as at 1 April 2023 R'000	Less: Amount expensed in current year R'000	Add or Less: Other R'000	Add: Current Year advances R'000	Balance as at 31 March 2024 R'000
10					
National departments	9,796	(24,681)	-	18,000	3,115
Provincial departments	84,240	(41,265)	(29,314)	-	13,661
Public entities	244,138	(1,292,842)	-	1,117,519	68,815
Total	338,174	(1,358,788)	-29,314	1,135,519	85,591

11. Receivables

	Note	2024/25			2023/24	
		Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000
Claims recoverable	11.1	169,492	17,200	186,692	367,868	74,216
Recoverable expenditure	11.2	130	-	130	(344)	134
Staff debt	11.3	116	4,122	4,238	3,241	106
Other receivables	11.4	12	26,158	26,170	25,790	1,932
Total		169,750	47,480	217,230	396,555	76,388

11.1 Claims recoverable

	Note	2024/25 R'000	2023/24 R'000
National departments	11	1,646	87,391
Provincial departments		19,058	57,640
Public entities		139,637	153,836
Private enterprises		26,349	143,217
Total		186,692	442,084

11.2 Recoverable expenditure

	Note	2024/25 R'000	2023/24 R'000
Group major categories, but list material items			
General disallowance		130	134
Salary Disallowance		-	(344)
Total		130	(210)

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****11.3 Staff debt**

	Note	2024/25 R'000	2023/24 R'000
	11		
Bursary Debt		-	36
Salary Overpayment		387	102
Leave Without Pay		68	69
Private medical expenses		3,750	3,012
Loss/Damage to State Property		33	31
Foreign staff debt (Vehicles for Health Attaches)		-	97
Total		4,238	3,347

11.4 Other receivables

	Note	2024/25 R'000	2023/24 R'000
	11		
<i>Group major categories, but list material items</i>			
Schedule 9 Medication		60	60
Infrastructure Penalties		23,520	25,065
Ex Employees		2,590	2,597
Total		26,170	27,722

11.5 Impairment of receivables

	2024/25 R'000	2023/24 R'000
Estimate of impairment of receivables	2,558	1,273
Total	2,558	1,273

12. Voted funds to be surrendered to the Revenue Fund

	2024/25 R'000	2023/24 R'000
Opening balance	237,846	1,637,000
Prior period error		
As restated	237,846	1,637,000
Transferred from statement of financial performance (as restated)	343,578	237,847
Paid during the year	(237,846)	(1,637,001)
Closing balance	343,578	237,846

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue.

	2024/25 R'000	2023/24 R'000
Opening balance	4,260	28,829
Prior period error		
As restated	4,260	28,829
Transfer from Statement of Financial Performance (as restated)	660,624	139,213
Paid during the year	(654,821)	(163,782)
Closing balance	10,063	4,260

14. Bank Overdraft

	2024/25 R'000	2023/24 R'000
Consolidated Paymaster General Account	-	21,061
Total	-	21,061

15. Payables – current

	Note	2023/24 R'000	2022/23 R'000
Amounts owing to other entities		-	86,621
Advances received	15.1	63,181	51,349
Clearing accounts	15.2	326	426
Total		63,507	138,396

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****15.1 Advances received**

	Note	2024/25	2023/24
	15	R'000	R'000
Provincial departments		63,128	51,349
Public entities		53	-
Total		63,181	51,349

15.2 Clearing accounts

	Note	2024/25	2023/24
	15	R'000	R'000
Sal:Income Tax		229	266
Sal :GEHS Refund		13	-
Sal:Housing		84	160
Total		326	426

16. Net cash flow available from operating activities

	2024/25	2023/24
	R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance	1,570,160	527,435
Add back noncash/cash movements not deemed operating activities	611,456	(544,575)
(Increase)/decrease in receivables	226,805	(159,144)
(Increase)/decrease in prepayments and advances	51,059	252,559
Increase/(decrease) in payables – current	(74,889)	(77,738)
Proceeds from sale of capital assets	(356)	-
Expenditure on capital assets	1,451,879	1,354,562
Surrenders to Revenue Fund	(892,667)	(1,800,783)
Surrenders to RDP Fund/Donor	(150,375)	(114,031)
Net cash flow generated by operating activities	2,181,616	(17,140)

17. Reconciliation of cash and cash equivalents for cash flow purposes

	2024/25	2023/24
	R'000	R'000
Consolidated Paymaster General account	738,000	(21,061)
Cash on hand	23	23
Total	738,023	(21,038)

18. Contingent liabilities and contingent assets**18.1 Contingent liabilities**

Liable to	Nature	2024/25	2023/24
		R'000	R'000
Claims against the department	Annex 2A	10,643	9,748
Intergovernmental payables (unconfirmed balances)	Annex 5	-	17,244
Total		10,643	26,992

Claims against the Department are handled by Legal Services. Details of the cases cannot be disclosed due to sensitivity of the matters. The uncertainty exists that medical schemes may or may not accept and pay the remaining admin fees still in a submitted status. Based on historical information 7% of the submitted admin claims have been rejected, it is therefore probable that 93% will be accepted and paid by the schemes and therefore owed to the provinces.

18.2 Contingent assets

Nature of contingent asset	2024/25	2023/24
	R'000	R'000
Ethandolukhanya & Elim District Hospital	-	1,593
Total	-	1,593

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

19. Capital commitments

	Note	2024/25 R'000	2023/24 R'000
Buildings and other fixed structures		8,045,377	8,591,766
Computer Equipment		7,401	19,275
Medical & allied equipment		330	620
Furniture and office equipment		2,410	850
Audio visual equipment		664	-
Intangible assets		16,877	12,196
Total		8,073,059	8,624,707

20. Accruals and payables not recognised

20.1 Accruals

			2024/25 R'000	2023/24 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	59,061	14,159	73,220	112,287
Transfers and subsidies	59	-	59	-
Capital assets	254	-	254	39,895
Other	22	-	22	84
Total	59,396	14,159	73,555	152,266

		2024/25 R'000	2023/24 R'000
Listed by programme level			
Administration		11,360	33,482
National Health Insurance		39,960	46,507
Communicable and Non-Communicable Diseases		12,611	5,362
Primary Health Care		1,610	296
Hospital Systems		161	63,613
Health System Governance and Human Resources		7,853	3,006
Total		73,555	156,266

20.2 Payables not recognised

			2024/25 R'000	2023/24 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	34,416	91,999	126,415	20,020
Transfers and subsidies		186	186	672
Capital assets	84,861	154,019	238,880	69,931
Other	41	105	146	157
Total	119,318	246,309	365,627	90,780

		2024/25 R'000	2023/24 R'000
Listed by programme level			
Administration		9,466	4,529
National Health Insurance		88,691	217
Communicable and Non-Communicable Diseases		30,482	12,794
Primary Health Care		210	86
Hospital Systems		236,685	72,925
Health System Governance and Human Resources		93	229
Total		365,627	90,780

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****21. Employee benefits**

	<i>Note</i>	2024/25	2023/24
		R'000	R'000
Leave entitlement		29,854	27,218
Service bonus		16,295	16,013
Capped leave		10,988	11,471
Total		57,137	54,702

Included in leave entitlement is an amount of R29 854 (R95 iro current leave cycle and R142 iro previous leave cycle) which relates to leave implemented post the reporting period. The negative leave credit reported for the current leave cycle amounts to R538

22. Lease commitments**22.1 Operating leases**

2024/25	Buildings & other fixed structures	Machinery & equipment	Total
	R'000	R'000	R'000
Not later than 1 year	99,656	2,576	102,232
Later than 1 year and not later than 5 years	210,613	2,035	212,648
Later than five years	-	-	-
Total lease commitments	310,269	4,611	314,880

2023/24	Buildings & other fixed structures	Machinery & equipment	Total
	R'000	R'000	R'000
Not later than 1 year	93,136	1,747	94,883
Later than 1 year and not later than 5 years	310,270	2,040	312,310
Later than five years	-	-	-
Total lease commitments	403,406	3,787	407,193

Only AB Xuma is under a lease agreement. The lease commitment amounting to R310 269 472.19 is included in the disclosed addendum signed for Block D at Dr. AB Xuma Building

23. Accrued departmental revenue

	2024/25	2023/24
	R'000	R'000
Sales of good and services other than capital assets	535,297	981,932
Interest, dividends and rent on land	1,935	3,553
Total	537,232	985,485

23.1 Analysis of accrued departmental revenue

	2024/25	2023/24
	R'000	R'000
Opening balance	985,485	1,035,591
Less: amounts received	471,182	114,605
Less: services received in lieu of cash	-	-
Add: amounts recorded	25,563	69,589
Less: amounts written off/reversed as irrecoverable	-	-
Less: amounts transferred to receivables for recovery	-	-
Other (Specify)	(2,634)	(5,090)
Closing balance	537,232	985,485

23.2 Impairment of Accrued departmental revenue

	2024/25	2023/24
	R'000	R'000
Estimate of impairment of accrued departmental revenue	135,009	20,979
Total	135,009	20,979

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****Public Sector Sites**

Over the three-year period under review, the Department maintained sustained and extensive communication with medical schemes and their administrators in respect of the submission and processing of claims, as well as the provision of Electronic Remittance Advices (ERAs). It became apparent that a significant number of schemes and administrators lacked the necessary systems and operational capacity to manage the volume and complexity of claims submitted. This necessitated the development of bespoke solutions on their part to facilitate the intake and reconciliation of our submissions. Despite these efforts, persistent challenges remained in aligning our submitted claims with the schemes' payment and rejection records. In many cases, these operational constraints were further exacerbated by the reallocation of internal resources within the schemes to meet competing priorities.

As at 31 March 2025, all outstanding balances were subjected to a scheme-by-scheme and administrator-level assessment. This evaluation included a review of historical correspondence, claim submissions, and formal follow-ups by the Department. Where final claim lists had been submitted without corresponding ERAs or substantive responses, and where no subsequent payments had been received, these balances were deemed to have a low probability of recovery. Accordingly, such amounts have been considered for impairment.

Notwithstanding this impairment assessment, the Department remains committed to ongoing recovery efforts and will continue to pursue any amounts that may be recoverable.

Private Sector Sites

For debts owing by private sector providers for the purchase of vaccines:

- Accounts older than 30 days were assessed as past due.
- Specific indicators of impairment included:
 - o Accounts in liquidation or sequestration.
 - o Accounts handed to debt collectors or marked inactive.
 - o Formal arrears arrangements.
- A general provision of 3% was applied to the remaining past-due balances. This estimate was based on benchmarked pharmaceutical industry data whose expected credit loss rates ranged between 1.8% and 3%. A conservative upper-bound rate of 3% was used due to:
 - o Lack of historical departmental default data (COVID-19 was a non-recurring event).
 - o Higher risk profile of debtors with no ongoing procurement relationship or incentive to settle.

24. Unauthorised, Irregular, and Fruitless and wasteful expenditure

	2024/25 R'000	2023/24 R'000
Irregular Expenditure	7,530	44,032
Fruitless and Wasteful Expenditure	-	4
Total	7,530	44,036

"Information on any criminal or disciplinary steps taken as a result of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure is included in the annual report under the PFMA Compliance Report.

There are 2 possible fruitless and wasteful expenditure cases (Infrastructure and Venue bookings) which are yet to be assessed

25. Key management personnel

	2024/25 R'000	2023/24 R'000
Political office bearers (provide detail below)	5,760	5,528
Officials:	-	-
Level 15 to 16	19,316	18,451
Level 14	45,278	47,363
Family members of key management personnel	1,385	1,328
Total	71,739	72,670

26. Provisions

	2024/25 R'000	2023/24 R'000
Long Service Awards	741	846
Infrastructure Provisions	27,353	3,467
Accrued Expense to provinces (Estimated fees)	4,895	25,261
Total	32,989	29,574

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****26.1 Reconciliation of movement in provisions – Current year**

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	846	3,467	25,261	29,574
Increase in provision	741	27,353	4,895	32,989
Settlement of provision	(846)	(3,467)	(25,261)	(29,574)
Closing balance	741	27,353	4,895	32,989

Reconciliation of movement in provisions – Prior year

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	534	715	98,440	99,689
Increase in provision	846	3,467	25,261	29,574
Settlement of provision	(534)	(715)	(98,440)	(99,689)
Closing balance	846	3,467	25,261	29,574

Infrastructure provisions are the remaining contract values for projects that have reached practical completion. The value in the provisions is for the final stages of the projects including works completion, final completion, and final account. Projects in this category include Elim Hospital Neonatal ABT and Balfour CHC

27. Movable tangible capital assets

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
Machinery and equipment	493,420	67,352	31,543	529,229
Transport assets	5,087	1,600	1,386	5,301
Computer equipment	207,412	26,537	25,963	207,986
Furniture and office equipment	13,127	2,494	115	15,506
Other machinery and equipment	267,794	36,721	4,079	300,436
Total movable tangible capital assets	493,420	67,352	31,543	529,229

27.1 Movement for 2023/24**Movement in tangible capital assets per asset register for the year ended 31 March 2024**

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
Machinery and equipment	432,379	-	95,288	34,247	493,420
Transport assets	4,314	-	861	88	5,087
Computer equipment	184,386	-	36,784	13,758	207,412
Furniture and office equipment	11,862	-	2,003	738	13,127
Other machinery and equipment	231,817	-	55,640	19,663	267,794
Total movable tangible capital assets	432,379	-	95,288	34,247	493,420

27.2 Minor Assets**Movement in minor capital assets per asset register for the year ended 31 March 2025**

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery & equipment R'000	Total R'000
Opening balance	-	-	-	43,388	43,388
Additions	-	-	-	13,801	13,801
Disposals	-	-	-	11,166	11,166
Total minor assets	-	-	-	46,023	46,023

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery & equipment R'000	Total R'000
Number of minor assets at cost	-	-	-	121,669	121,669
Total number of minor assets	-	-	-	121,669	121,669

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****Movement in minor capital assets per assets register for the year ended 31 March 2024**

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	48,497	48,497
Prior period error				-	-
Additions	-	-	-	35,443	35,443
Disposals	-	-	-	40,552	40,552
Total minor assets	-	-	-	43,388	43,388

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
	R'000	R'000	R'000	R'000	R'000
Number of minor assets at cost				124,668	124,668
Total number of minor assets	-	-	-	124,668	124,668

27.3 Movable Tangible Capital Assets written off**Moveable capital assets written off for year ended 31 March 2025**

	Intangible assets	Heritage assets	Machinery & equipment	Closing balance
	R'000	R'000	R'000	R'000
Assets written off	-	-	30,157	30,157
Total movable assets written off	-	-	30,157	30,157

Moveable capital assets written off for year ended 31 March 2024

	Intangible assets	Heritage assets	Machinery & equipment	Closing balance
	R'000	R'000	R'000	R'000
Assets written off	-	-	34,246	34,246
Total intangible capital assets	-	-	34,246	34,246

28. Intangible Capital Assets**Movement in intangible capital assets per asset register for the year ended 31 March 2025**

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Software	74 699	-	-	74 699
Total intangible capital assets	74 699	-	-	74 699

Intangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the intangible capital assets per the asset register are assets that are under investigation:		
Software		45,102

The department will investigate the above mentioned software's to determine if they are still in use or not and update the register accordingly.

28.1 Movement in intangible capital assets per asset register for the year ended 31 March 2024

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Software	74 816	-	-	117	74 699
Total intangible capital assets	74 816	-	-	117	74 699

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

29. Immovable Tangible Capital Assets

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2025

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	2,126,539	133,772		2,260,311
Dwellings				
Non-residential buildings				
Other fixed structures	2,126,539	133,772		2,260,311
Total immovable tangible capital assets	2,126,539	133,772		2,260,311

29.1 Movement in immovable tangible capital assets per asset register for the year ended 31 March 2024

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1,692,050	-	635,350	200,861	2,126,539
Dwellings	-	-	-	-	-
Non-residential buildings	-	-	-	-	-
Other fixed structures	1,692,050		635,350	200,861	2,126,539
Total immovable tangible capital assets	1,692,050	-	635,350	200,861	2,126,539

29.2 Immovable tangible capital assets: Capital Work-in-progress

Capital work-in-progress as at 31 March 2025

	Note	Opening balance 1 April 2023	Current year WIP	Ready for use (assets to the AR) / contracts terminated	Closing balance 31 March 2025
	Annex 7	R'000	R'000	R'000	R'000
Heritage assets					
Buildings and other fixed structures		3,203,621	1,357,047	133,772	4,426,896
Land and subsoil assets					
Total		3,203,621	1,357,047	133,772	4,426,896

Capital work-in-progress as at 31 March 2024

	Opening balance	Prior period error	Current year WIP	Ready for use (assets to the AR) / contracts terminated	Closing balance 31 March 2024
	R'000		R'000	R'000	R'000
Buildings and other fixed structures	2,579,257	(41)	1,259,755	635,350	3,203,621
Total	2,579,257	(41)	1,259,755	635,350	3,203,621

30. Principal-agent arrangement

30.1 Department acting as the principal.

	2024/25 R'000	2023/24 R'000
DBSA		-
CDC		-
IDT		-
Total		-

The principle agent arrangement disclosed in the previous financial year has been removed as they do not meet the criteria for principle agent arrangement as indicated in the MCS

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****31. Prior Period Errors****31.1. Correction of prior period errors**

	Note	Amount before error correction R'000	Prior period error R'000	Restated R'000
Revenue:				
Accrued Departmental Revenue	23	975,797	9,688	985,485
Net effect		975,797	9,688	985,485
Assets:				
Expenditure for Capital assets	29	3,203,662	(41)	3,203,621
Net effect		3,203,662	(41)	3,203,621
Liabilities				
Capital Commitments	19	8,904,519	(279,812)	8,624,707
Other: (e.g. Unauthorised expenditure, Irregular expenditure, fruitless and wasteful expenditure, etc.)				
Irregular Expenditure	24	-	44 032	44 032
Principal agents' arrangements	30	48 282	(48 282)	-
Contingent Liabilities	18	66,505	(56,757)	9,748
Net effect		114,787	(61,007)	53,780

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025
33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

Name of grant	GRANT ALLOCATION					SPENT			2023/24		
	Division of Revenue Act/ Provincial Grants	Roll overs	DORA adjustments	Other adjustments	Total available	Amount received by department	Amount spent by department	Under / (Over)- spending	% of available funds spent by department	Division of Revenue Act	Amount spent by department
Limpopo Academic Hospital	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health Facilities Revit Component	432,349				432,349	432,349	418,635	13,714	96.8%	349,671	349,670
Health System Component	1,010,464				1,010,464	1,010,464	984,922	25,542	97.5%	1,039,440	1,044,749
	756,714				756,714	756,714	608,471	148,243	80.4%	709,387	652,377
TOTAL	2,199,527	-	-	-	2,199,527	2,199,527	2,012,028	187,499		2,099,098	2,046,796

34. STATEMENT OF CONDITIONAL GRANTS PAID TO PROVINCES

Name of province / grant	GRANT ALLOCATION				TRANSFER			SPENT			2023/24		
	Division of Revenue Act	Roll overs	Adjust-ments	Total available	Actual transfer	Funds withheld	Realloca-tions by National Treasury or National Department	Amount received by Department	Amount spent by Department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Summary by province													
Eastern Cape	5,767,664	-	-	5,767,664	5,767,664	-	-	5,767,664	5,766,698	966	100.0%	5,414,810	5,414,810
Free State	3,966,855	-	-	3,966,855	3,966,855	-	-	3,966,855	3,962,601	4,254	99.9%	3,701,373	3,701,373
Gauteng	14,397,823	580,632	-	14,978,455	14,397,823	-	-	14,397,823	14,698,569	(300,746)	102.1%	13,502,606	13,502,606
KwaZulu-Natal	11,884,192	-	-	11,884,192	11,884,192	-	-	11,884,192	11,884,192	-	100.0%	11,075,202	11,075,202
Limpopo	4,063,203	-	-	4,063,203	4,063,203	-	-	4,063,203	4,063,190	13	100.0%	3,786,010	3,786,010
Mpumalanga	3,622,772	15,036	-	3,637,808	3,622,772	-	-	3,622,772	3,619,779	2,993	99.9%	3,395,648	3,395,648
Northern Cape	1,851,700	-	-	1,851,700	1,851,700	-	-	1,851,700	1,851,700	-	100.0%	1,745,398	1,745,398
North West	3,310,964	8,927	-	3,319,891	3,310,964	-	-	3,310,964	3,279,477	31,487	99.0%	3,055,624	3,055,624
Western Cape	7,486,205	-	6,500	7,492,705	7,492,705	-	-	7,492,705	7,492,705	-	100.0%	7,066,694	7,066,694
TOTAL	56,351,378	604,595	6,500	56,962,473	56,357,878	-	-	56,357,878	56,618,911	(261,033)		52,743,365	52,743,365

Summary by grant													
NHI Grant	455,956	15,925	-	471,881	455,956	-	-	455,956	462,904	(6,948)	101.5%	694,675	694,675
DHPG: Comprehensive HIV/AIDS Component	24,724,358	148,981	-	24,873,339	24,724,358	-	-	24,724,358	24,854,771	(130,413)	100.5%	22,934,604	22,934,604
District Health Component	3,238,337	-	-	3,238,337	3,238,337	-	-	3,238,337	3,233,195	5,142	99.8%	2,931,257	2,931,257
Health Facility Revitalisation Grant	7,151,841	7,035	6,500	7,165,376	7,158,341	-	-	7,158,341	7,167,454	(9,113)	100.1%	6,679,860	6,679,860
National Tertiary Services Grant	15,263,784	416,935	-	15,680,719	15,263,784	-	-	15,263,784	15,392,863	(129,079)	100.8%	14,023,946	14,023,946
HR & Training Grant	5,517,102	15,719	-	5,532,821	5,517,102	-	-	5,517,102	5,507,724	9,378	99.8%	5,479,023	5,479,023
TOTAL	56,351,378	604,595	6,500	56,962,473	56,357,878	-	-	56,357,878	56,618,911	(261,033)		52,743,365	52,743,365

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

Name of province / grant	Grant allocation			Transfer		Realloca- tions by National Treasury or National Department	Amount received by department		Spent Amount spent by department	Unspent funds	% of available funds spent by depart- ment	2023/24	
	Division of Revenue Act	Roll overs	Adjust- ments	Total available	Actual transfer		R'000	R'000	R'000	R'000		Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Health Insurance Grant													
Eastern Cape	63,501	-	-	63,501	63,501	-	-	63,501	62,512	989	98.4%	106,065	106,065
Free State	29,154	-	-	29,154	29,154	-	-	29,154	25,210	3,944	86.5%	28,744	28,744
Gauteng	94,582	638	-	95,220	94,582	-	-	94,582	90,983	3,599	96.2%	92,947	92,947
KwaZulu-Natal	87,732	-	-	87,732	87,732	-	-	87,732	87,732	-	100.0%	126,332	126,332
Limpopo	52,554	-	-	52,554	52,554	-	-	52,554	52,554	-	100.0%	97,796	97,796
Mpumalanga	34,310	15,036	-	49,346	34,310	-	--	34,310	49,539	(15,229)	144.4%	99,022	99,022
Northern Cape	24,264	-	-	24,264	24,264	-	-	24,264	24,264	-	100.0%	43,995	43,995
North West	32,960	251	-	33,211	32,960	-	-	32,960	33,211	(251)	100.8%	63,549	63,549
Western Cape	36,899	-	-	36,899	36,899	-	-	36,899	36,899	-	100.0%	36,225	36,225
	455,956	15,925	-	471,881	455,956	-	-	455,956	462,904	(6,948)		694,675	694,675
DHPG: Comprehensive HIV/AIDS Component													
Eastern Cape	2,833,681	-	-	2,833,681	2,833,681	-	-	2,833,681	2,838,192	(4,511)	100.2%	2,658,556	2,658,556
Free State	1,512,407	-	-	1,512,407	1,512,407	-	-	1,512,407	1,512,642	(235)	100.0%	1,402,926	1,402,926
Gauteng	5,432,601	148,981	-	5,581,582	5,432,601	-	-	5,432,601	5,558,141	(125,540)	102.3%	4,959,344	4,959,344
KwaZulu-Natal	6,661,021	-	-	6,661,021	6,661,021	-	-	6,661,021	6,661,021	-	100.0%	6,172,841	6,172,841
Limpopo	1,988,305	-	-	1,988,305	1,988,305	-	-	1,988,305	1,988,305	-	100.0%	1,854,375	1,854,375
Mpumalanga	2,210,019	-	-	2,210,019	2,210,019	-	--	2,210,019	2,210,146	(127)	100.0%	2,070,040	2,070,040
Northern Cape	632,950	-	-	632,950	632,950	-	-	632,950	632,950	-	100.0%	603,131	603,131
North West	1,561,565	-	-	1,561,565	1,561,565	-	-	1,561,565	1,561,565	-	100.0%	1,448,526	1,448,526
Western Cape	1,891,809	-	-	1,891,809	1,891,809	-	-	1,891,809	1,891,809	-	100.0%	1,764,865	1,764,865
	24,724,358	148,981	-	24,873,339	24,724,358	-	-	24,724,358	24,854,771	(130,413)		22,934,604	22,934,604

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

Name of province / grant	GRANT ALLOCATION			TRANSFER			SPENT			2023/24			
	Division of Revenue Act	Roll overs	Adjust-ments	Total available	Actual transfer	Funds withheld	Reallocations by National Treasury or National De-partment	Amount received by department	Amount spent by depart-ment	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
DHPG: District Health Component													
Eastern Cape	243,322	-	-	243,322	243,322	-	-	243,322	238,793	4,529	98.1%	220,249	220,249
Free State	162,953	-	-	162,953	162,953	-	-	162,953	162,941	12	100.0%	147,501	147,501
Gauteng	590,967	-	-	590,967	590,967	-	-	590,967	590,367	600	99.9%	534,928	534,928
KwaZulu-Natal	706,513	-	-	706,513	706,513	-	-	706,513	706,513	-	100.0%	639,517	639,517
Limpopo	512,433	-	-	512,433	512,433	-	-	512,433	512,432	1	100.0%	463,841	463,841
Mpumalanga	365,205	-	-	365,205	365,205	-	-	365,205	365,205	-	100.0%	330,573	330,573
Northern Cape	114,902	-	-	114,902	114,902	-	-	114,902	114,902	-	100.0%	104,006	104,006
North West	301,465	-	-	301,465	301,465	-	-	301,465	301,465	-	100.0%	272,878	272,878
Western Cape	240,577	-	-	240,577	240,577	-	-	240,577	240,577	-	100.0%	217,764	217,764
	3,238,337	-	-	3,238,337	3,238,337	-	-	3,238,337	3,233,195	5,142		2,931,257	2,931,257
Health Facility Revitalisation Grant													
Eastern Cape	789,942	-	-	789,942	789,942	-	-	789,942	789,941	1	100.0%	725,690	725,690
Free State	694,351	-	-	694,351	694,351	-	-	694,351	694,340	11	100.0%	638,720	638,720
Gauteng	1,143,911	-	-	1,143,911	1,143,911	-	-	1,143,911	1,143,911	-	100.0%	1,047,736	1,047,736
KwaZulu-Natal	1,458,192	-	-	1,458,192	1,458,192	-	-	1,458,192	1,458,192	-	100.0%	1,371,765	1,371,765
Limpopo	601,321	-	-	601,321	601,321	-	-	601,321	601,309	12	100.0%	518,809	518,809
Mpumalanga	459,295	-	-	459,295	459,295	-	-	459,295	461,397	(2,102)	100.5%	462,955	462,955
Northern Cape	437,961	-	-	437,961	437,961	-	-	437,961	437,961	-	100.0%	436,555	436,555
North West	705,561	7,035	-	712,596	705,561	-	-	705,561	712,596	(7,035)	101.0%	648,919	648,919
Western Cape	861,307	-	6,500	867,807	867,807	-	-	867,807	867,807	-	100.0%	828,711	828,711
	7,151,841	7,035	6,500	7,165,376	7,158,341	-	-	7,158,341	7,167,454	(9,113)		6,679,860	6,679,860

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2023/24	
	Division of Revenue Act	Roll Adjustments	Total available	Actual transfer	Funds Withheld	Reallocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant												
Eastern Cape	1,255,448		1,255,448	1,255,448			1,255,448	1,255,392	56	100.0%	1,127,765	1,127,765
Free State	1,283,719		1,283,719	1,283,719			1,283,719	1,283,719	-	100.0%	1,199,170	1,199,170
Gauteng	5,259,796	415,294	5,675,090	5,259,796			5,259,796	5,448,143	(188,347)	103.6%	4,988,103	4,988,103
KwaZulu-Natal	2,201,200		2,201,200	2,201,200			2,201,200	2,201,200	-	100.0%	2,000,300	2,000,300
Limpopo	538,981		538,981	538,981			538,981	538,981	-	100.0%	470,401	470,401
Mpumalanga	274,508		274,508	274,508			274,508	254,069	20,439	92.6%	151,943	151,943
Northern Cape	488,803		488,803	488,803			488,803	488,803	-	100.0%	408,681	408,681
North West	434,394	1,641	436,035	434,394			434,394	395,621	38,773	91.1%	345,576	345,576
Western Cape	3,526,935		3,526,935	3,526,935			3,526,935	3,526,935	-	100.0%	3,332,007	3,332,007
	15,263,784	416,935	15,680,719	15,263,784	-	-	15,263,784	15,392,863	(129,079)		14,023,946	14,023,946
Human Resource and Training Grant												
Eastern Cape	581,770		581,770	581,770			581,770	581,868	(98)	100.0%	576,485	576,485
Free State	284,271		284,271	284,271			284,271	283,749	522	99.8%	284,312	284,312
Gauteng	1,875,966	15,719	1,891,685	1,875,966			1,875,966	1,867,024	8,942	99.5%	1,879,548	1,879,548
KwaZulu-Natal	769,534		769,534	769,534			769,534	769,534	-	100.0%	764,447	764,447
Limpopo	369,609		369,609	369,609			369,609	369,609	-	100.0%	380,788	380,788
Mpumalanga	279,435		279,435	279,435			279,435	279,423	12	100.0%	281,115	281,115
Northern Cape	152,820		152,820	152,820			152,820	152,820	-	100.0%	149,030	149,030
North West	275,019		275,019	275,019			275,019	275,019	-	100.0%	276,176	276,176
Western Cape	928,678		928,678	928,678			928,678	928,678	-	100.0%	887,122	887,122
	5,517,102	15,719	5,532,821	5,517,102	-	-	5,517,102	5,507,724	9,378		5,479,023	5,479,023

HEALTH VOTE 18**NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****34. Broad Based Black Economic Empowerment performance**

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

35. Natural disaster or relief expenditure

Name of organisation		2024/25	2023/24
	<i>Note</i>	R'000	R'000
Goods and services		-	119,120
Transfers and subsidies		-	342
TOTAL	<i>Annex 11</i>		119,462

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

Annexure 1A
Statement of transfers to Departmental Agencies and Accounts

DEPARTMENTAL AGENCY/ ACCOUNT	Transfer allocation			Transfer		2023/24	
	Adjusted budget R'000	Roll overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	% of available funds transferred	Final budget Actual transfer R'000
Health & Welfare SETA	2,667			2,667	2,073	2,552	2,055
SSF: Compensation of Commissioner	1,813		2,653	4,466	4,466	1,735	1,735
Council Of Medical Schemes	6,151			6,151	6,151	6,537	6,537
National Health Laboratory Service	598,842			598,842	598,842	706,425	706,425
Office of Health Standard Compliance	181,599			181,599	181,599	161,546	161,546
SAHPRA	143,518			143,518	143,518	137,873	137,873
SA Medical Research Council	859,833			859,833	859,833	760,147	760,147
Com: Licences	-		369	369	364		
Total	1,794,423	-	3,022	1,797,445	1,796,846		1,776,815

Annexure 1B

Statement of transfers to non-profit institutions

NON-PROFIT INSTITUTIONS	Transfer allocation			Transfer		2023/24	
	Adjusted budget R'000	Roll overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	% of available funds transferred	Final budget Actual transfer R'000
Transfer							
SA Renal Registry	482			482	482	100.0%	461
SA Federation for Mental Health	512			512	512	100.0%	490
SA National Council For the Blind	1,145			1,145	1,145	1,096	1,096
National Council Against Smoking	1,221			1,221	1,221	1,169	1,169
Lifeline SA	27,288			27,288	27,288	28,986	28,986
Lovelife	63,038			63,038	63,038	64,635	64,635
Soul City	24,291			24,291	24,291	25,161	25,161
SANAC	21,143		10,000	31,143	31,143	30,234	30,234
HIV & AIDS	64,832			64,832	64,832	67,788	67,788
Health System Trust	18,222			18,222	18,222	6,500	6,500
Total	222,174		10,000	232,174	232,174		226,520



STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION			EXPENDITURE			2023/24	
	Adjusted budget	Roll overs	Adjustments	Total available	Actual transfer	% of available funds transferred	Final budget	Actual transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	
Transfers								
Leave Gratuity	-		3,042	3,042	3,008	98.9%	5,194	5,248
Claims against the State	9,500			9,500	388	4.1%	9,000	342
Refunds from Revenue fund	-		-	-	-		3	3
Total	9,500	-	3,042	12,542	3,396		14,197	5,593

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

ANNEXURE 1D

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25 R'000	2023/24 R'000
Sponsorship			
Coalition for Epidemic preparedness and Innovation	Return Air Ticket, Accommodation and Daily Allowance	174	
Global Health Partnership	Kind	85	
SAOPA	Kind	1	
Environmental Health	Kind	0	
World Health Organisation	Kind	99	
Japan International Cooperation(JICA)	Kind	0	
Department of Global Cooperation and Development, National Health and Insurance Service	Accommodation, air transport and stipend	37	
SA Medical Research Council	Kind	7	
Center for Global Development	Flights,accommodation,meals- Priorities Conference	33	
SAMREC	Flights and accommodation	10	
Global Fund	Kind	66	
Africa Resource Centre	Kind	15	
SAMREC/CDC	Flights and accommodation	6	
SAMRC	Flights and accommodation	4	
SAMRC	Flights and accommodation	6	
SAMRC	Flights and accommodation	6	
World Health Organisation	Kind	27	
Global Fund	Flight and accommodation	36	
SACD	Kind	10	
Republic of Korea	Accommodation, Transfer and Stipend	37	
RBM	Kind	57	
SADC	Kind	37	
CDC	Kind	132	
African Union Commission	Return Air Ticket, Accommodation and Half of Daily Allowance	42	
NICD	Kind	37	
World Health Organisation	Kind	32	
Danida Fellowship Centre	Kind	169	
World Health Organisation	Kind	55	
UNICEF	Kind	21	
World Health Organisation	Kind	54	
CDC	Kind	43	
World Health Organisation	Kind	22	
UNICEF	Kind	22	
World Health Organisation	Kind	54	
CDC	Kind	22	
World Health Organisation	Kind	22	
CDC	Kind	22	
CDC	Kind	22	
CDC	Kind	22	
UNFPA	Accommodation	3	
UNICEF	Flights and accommodation	4	
GLOBAL FUND	Venue and accommodation	1200	
World Health Organisation	Accommodation	3	
African Union Commission	Return Air Ticket, Accommodation and Half of Daily Allowance	42	
World Health Organisation	Conference,Accommodation and Meals	4	
Total sponsorships		2,802	-
Subtotal - received in kind		2,802	-

HEALTH VOTE 18**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025****ANNEXURE 1E****STATEMENT OF AID ASSISTANCE RECEIVED**

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	PAID BACK ON/BY 31 MAR	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash						
CDC Fund		-	25,086	25,086	-	-
Global fund		150,375	2,403,956	1,837,998	150,375	565,958
Subtotal		150,375	2,429,042	1,863,084	150,375	565,958
TOTAL AID ASSISTANCE RECEIVED		150,375	2,429,042	1,863,084	150,375	565,958

ANNEXURE 2A**Statement of Contingent Liabilities as of 31 March 2025**

	Opening Balance 1 April 2024	Liabilities incurred during the year	Liabilities paid/ cancelled / reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2025
Nature of Liability	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Barry Mellor vs Kagiso Tholo	15				15
Dr. DP Mahlangu	2,195				2,195
Nomusa Mabaso	5,000				5,000
Simphiwe Mhlauli	154				154
National and Overseas Modular and Timber Construction (PTY) Ltd	300				300
Mr. M. Madavha vs Minister of Health and Sho- mang Construction	1,500				1,500
Desmond Milligan vs The Minister of Health and Pfizer Laboratories	223				223
Khae Enterprise (Pty) Ltd vs The Minister of Health	138				138
Prof Lorna Jean Martin vs SAMRC, The Minister of Health & Prof Glenda Gray	223				223
Tanya Kieck and Minister of Health, Pfizer Labo- ratories Pty (Ltd)		223			223
Hester Magrietha Wagner // Minister of Health & 5 others		224			224
Patricia Jane Westley and Minister of Health, Aspen Pharmacare		224			224
Ann Christina Maria Oguz and Minister of Health, Aspen Pharmacare		224			224
					-
Subtotal	9,748	895	-	-	10,643
TOTAL	9,748	895	-	-	10,643

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

ANNEXURE 3

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024
	R'000	R'000	R'000	R'000	R'000	R'000
Departments						
DEPARTMENT OF DEFENCE			1,646	1,646	1,646	1,646
CUBAN STUDENTS				1,433	-	1,433
SPORTS AND CULTURE				57	-	57
NATIONAL TREASURY				84,256	-	84,256
PROVINCIAL HEALTH:FREE STATE			-	2,014	-	2,014
PROVINCIAL HEALTH:GAUTENG			-	32,844	-	32,844
PROVINCIAL HEALTH:KZN			13,360	15,337	13,360	15,337
PROVINCIAL HEALTH:MPUMALANGA			2,229	6,485	2,229	6,485
Sub-Total			17,235	144,072	17,235	144,072
PROVINCIAL HEALTH:LIMPOPO			-			
OTHER GOVERNMENT ENTITIES						
GLOBAL FUND (SARS VAT)			130,438	125,774	130,438	125,774
CDC (SARS VAT)			7,018	21,698	7,018	21,698
NHLS			402	415	402	415
NHLS TELKOM			1,213		1,213	-
CDC OVERPAYMENT			26,349	143,217	26,349	143,217
BMA			81	1,817	81	1,817
BMA TELKOM			485		485	-
DURBAN HOMEVILLE			-	4,132	-	4,132
Sub-Total	-	-	165,986	297,053	165,986	297,053
Total	-	-	183,221	441,125	183,221	441,125

ANNEXURE 4

Inventories for the year ended 31 March 2025

	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	-	-
Add/(Less): Adjustments to prior year balances	-				-
Add: Additions/Purchases – Cash	123,059				123,059
Add: Additions - non-cash					-
(Less): Disposals					-
(Less): Issues	(123,068)				(123,068)
Add/(Less):					-
Add/(Less): Adjustments	9				9
Closing balance	-	-	-	-	-

Inventories for the year ended 31 March 2024

	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	626				626
Add/(Less): Adjustments to prior year balances					-
Add: Additions/Purchases – Cash	36,191				36,191
Add: Additions - non-cash					-
(Less): Disposals					-
(Less): Issues	(36,817)				(36,817)
Add/(Less): Received current, not paid (paid current year, received prior year)					-
Add/(Less): Adjustments					-
Closing balance	-	-	-	-	-

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

ANNEXURE 5

Movement in Capital work in progress for the year ended 31 March 2025

	Opening balance	Current Year Capital WIP	Ready for use (asset register/Contract terminated)	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	3,203,621	1,357,047	133,772	4,426,896
Other fixed structures	3,203,621	1,357,047	133,772	4,426,896
Total	3,203,621	1,357,047	133,772	4,426,896

Movement in capital work in progress for the year ended 31 March 2024

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	2,579,257	1,259,714	(635,350)	3,203,621
Other fixed structures	2,579,257	1,259,714	(635,350)	3,203,621
Total	2,579,257	1,259,714	(635,350)	3,203,621

ANNEXURE 6A

INTERENTITY ADVANCES PAID (Note 13)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024
	R'000	R'000	R'000	R'000	R'000	R'000
National Departments						
DIRCO	-	-	4,880	3,115	4,880	3,115
Subtotal	-	-	4,880	3,115	4,880	3,115
Provincial Departments						
North West			-	218	-	218
Mpumalanga			-	11,258	-	11,258
KwaZulu/ Natal			-	2,184	-	2,184
Subtotal	-	-	-	13,660	-	13,660
Public entities						
COEGA	-	-	191	32,495	191	32,495
DBSA	-	-	9,304	18,410	9,304	18,410
IDT	-	-	20,181	17,910	20,181	17,910
Subtotal	-	-	29,676	68,815	29,676	68,815
Total	-	-	34,556	85,590	34,556	85,590

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025

ANNEXURE 6B

INTERENTITY ADVANCES RECEIVED (Note 21 AND Note 22)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024
	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Departments						
Current						
Eastern Cape	-	-	15,415	16,568	15,415	16,568
Free State	-	-	9,886	11,967	9,886	11,967
Northern Cape	-	-	-	655	-	655
Gauteng	-	-	26,939	-	26,939	-
Limpopo	-	-	6,052	9,729	6,052	9,729
KwaZulu/ Natal	-	-	645	907	645	907
North West	-	-	3,708	9,854	3,708	9,854
Mpumalanga	-	-	483	1,669	483	1,669
Subtotal	-	-	63,128	51,349	63,128	51,349
PUBLIC ENTITIES						
Current						
DR LOWAN			2	-	2	-
BMA INSPECTION FEES			51		51	-
Subtotal	-	-	53	-	53	-
TOTAL	-	-	63,181	51,349	63,181	51,349
Current	-	-	63,181	51,349	63,181	51,349



HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025
ANNEXURE 7

NATURAL DISASTER OR RELIEF EXPENDITURE

EXPENDITURE PER ECONOMIC CLASSIFICATION	APRIL 2024 R'000	MAY 2024 R'000	JUN 2024 R'000	Subtotal Q1 R'000	JUL 2024 R'000	AUG 2024 R'000	SEPT 2024 R'000	Subtotal Q2 R'000	OCT 2024 R'000	NOV 2024 R'000	DEC 2024 R'000	Subtotal Q3 R'000	JAN 2025 R'000	FEB 2025 R'000	MAR 2025 R'000	Subtotal Q4 R'000	2024/25 TOTAL R'000	2023/24 TOTAL R'000
Goods services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119,120
Please list all the applicable SCOA level 4 items:																		
Computer Services				-				-				-				-	-	9,625
Consult:Business&Advisory Serv				-				-				-				-	-	7,871
Contract's				-				-				-				-	-	53,544
Agency/Outsourced				-				-				-				-	-	10,304
Operating Payment				-				-				-				-	-	37,776
Transfers and subsidies				-				-				-				-	-	342
Please list all the applicable SCOA level 4 items:																		
H/I:Other Transfers(Cash)				-				-				-				-	-	342
TOTAL NATURAL DISASTER OR RELIEF EXPENDITURE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119,462

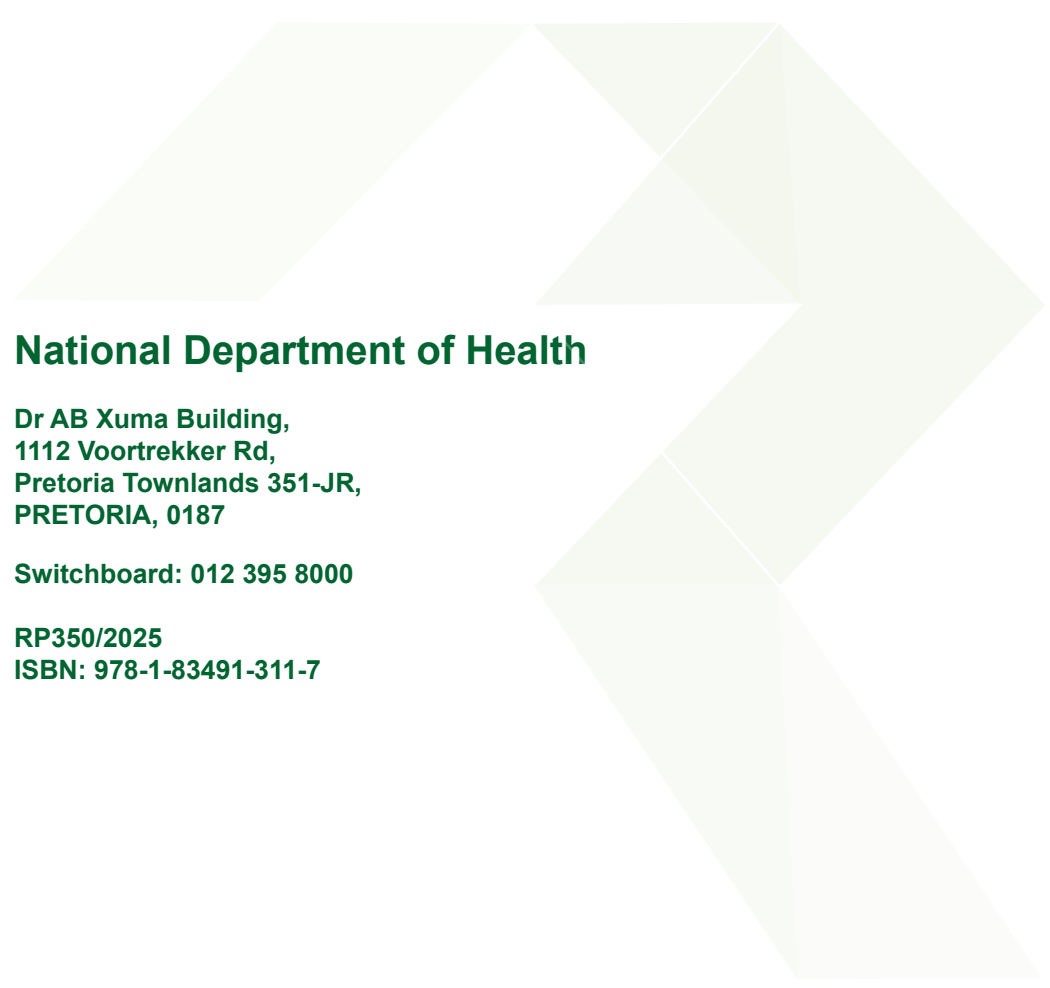
HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2025
ANNEXURE 8

ANALYSIS OF PREPAYMENTS AND ADVANCES (NOTES 4.2.1 AND 13)

Name of Entity	Sector of the entity	Description of goods, services, and/or capital assets paid for	Classification categories	Contract reference number	Total contract value	Contract commencement date	Contract end date	Frequency of the prepayment or advance	Balance outstanding as at 31 March 2024	Total amount prepaid / advanced in the current year	Less: goods, services or capital assets received in the current year	Add / (Less): Other	Balance outstanding as at 31 March 2025	Reason for prepayment or advance and for it remaining outstanding at year end (more details can be provided in the narrative blocks where necessary)
					R'000				R'000	R'000	R'000	R'000	R'000	
Advances DIRCO			National departments						3,115	17,000	(15,235)		4,880	Ongoing maintenance for Health Attaches
Provincial Health: North West			Provincial departments						218	-	(218)		-	-
Provincial Health: Mpumalanga			Provincial departments						11,258	-	(11,258)		-	-
Provincial Health: KZN			Provincial departments						2,184	-	(2,184)		-	-
Coega			Public entities						32,495	382,534	(414,838)		191	Awaiting proof of actual expenditure from the entity
DBSA			Public entities						18,410	902,376	(911,481)		9,305	Awaiting proof of actual expenditure from the entity
IDT			Public entities						17,910	85,860	(83,590)		20,180	Awaiting proof of actual expenditure from the entity
TOTAL ADVANCES									85,590	1,387,770	(1,438,804)		34,556	
TOTAL PREPAYMENTS AND ADVANCES									85,590	1,387,770	(1,438,804)		34,556	

NOTES

[illegible]



National Department of Health

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