DEPARTMENT OF HEALTH

NO. 7879 **4 September 2026**

NATIONAL HEALTH ACT, 2003 (ACT No.61 of 2003)

REGULATIONS ON ORGAN TRANSPLANTATION

The Minister of Health intends, in terms of section 68(1)(r) of the National Health Act, 2003 (Act No. 61 of 2003), to make the Regulations in the Schedule.

Interested persons are invited to submit any substantiated comments on the proposed Regulations, or representations they may wish to make in regard thereto, to the Director-General: Health, Private Bag X828, Pretoria, 0001 for the attention of the Deputy Director: Organ Transplant and Renal Dialysis, Mr Lindsey Andrews-Jacobs, lindsey.jacobs@health.gov.za within three months of this Notice.

DR PAKISHE AARON MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 14/8/2026

SCHEDULE

Definitions

1. In these Regulations any expression to which a meaning has been assigned in the Act bears that meaning and, unless the context indicates otherwise –

"chain of custody" means the documented and traceable process recording the possession, transfer, and handling of a human organ from the point of retrieval to the point of transplantation;

"deceased donor" means an organ donor who has been diagnosed with brain death or circulatory death;

"donor" means a person from whom an organ may be, is intended to be, or is being or has been removed, for use by another person;

"recipient" means a person who may receive, or is intended to receive, or is receiving or has received, organ from a donor;

"organ" means any organ removed or intended to be removed from a living or deceased donor for the purpose of transplantation;

"the Act" means the National Health Act, 2003 (Act No.61 of 2003); and

"transplant" means the transplantation of an organ or part of an organ of a donor in a recipient.

Application of regulations

2. The Regulations apply to all public and private health establishments.

Human resources in transplantation

3. (1) The national department must assign a function or designate an official to coordinate organ donation and transplantation.

(2) National transplant coordinator must—

(a) co-ordinate and oversee national organ donation and transplantation services;
(b) develop and review policies, norms, standards and guidelines in relation to organ donation and transplantation;
(c) establish, maintain and manage a national organ donation and transplantation information system or database for data collection analysis and reporting;
(d) monitor and evaluate transplantation service performance, outcomes and compliance;
(e) facilitate and support research, innovation and knowledge development in organ donation and transplantation, in accordance with the applicable laws; and
(f) provide general information about organ donation and transplantation to the general public through public campaigns awareness and education.

(3) Provincial Department must assign a function or designate an official to coordinate organ donation and transplantation within the province, who must, amongst others—

(a) coordinate organ donation and transplantation activities in line with the national department of Health;
(b) liaise with the department, health establishments and non-governmental organisations, health authorities, health professionals and the general public to facilitate the implementation of transplant services;
(b) collect, manage and submit organ referral, donation and transplantation data to the department;
(c) promote public campaigns for awareness and education in organ donation and transplantation within the province; and
(d) Monitor, evaluate and support compliance with organ donation and transplant services within the provinces.

(4) Health establishments performing donor referrals, organ donation, organ removal and organ transplantation must ensure that appropriately qualified health care professionals are designated to coordinate organ donation and transplantation related services within the health establishment, which must—

(a) identify and refer potential donors;
(b) facilitate the removal of organs from deceased and living donors;

(c) promote awareness and education on organ donation and transplantation to health care user, health care providers and the general public;

(d) ensure the collection, recording and submission of organ referral, donation and transplantation data to the relevant provincial and national system or database; and

(e) facilitate and ensure the pre-transplant work-up and coordination of suitable living donors as part of a living donor transplant program.

Procurement and preservation of organs

4. (1) Appropriate tissue or blood group typing, organ function testing, infectious disease and malignancy screening must be done on all donors; with risk communicated to any recipients as part of informed consent.

(2) Organ procured from living or deceased persons for transplantation must be preserved appropriately to allow for safe transplantation.

(3) Organs must be preserved in a South African Health Products Regulatory Authority approved solution in sterile containers and transported to a person designated to receive procured organs at a licensed transplant facility.

(4) Procured organs must be packaged and labelled under appropriate storage conditions and sealed to maintain sterility.

(5) A donor that donated an organ for transplantation purposes must be provided with a unique identification number.

Supply of procured organs

5. (1) Organs for transplantation, must be transported and documented to ensure a clear chain of custody from the donor centre to the recipient centre.

(2) The retrieval team must communicate the conditions of the organs at procurement to the transplantation team.

(3) Despite sub regulation (2), the health care provider performing the transplantation operation must assess the suitability for transplantation of the procured organ and include this as part of informed consent.

Records of organ referral, donation and transplantations

6. (1) Every organ referral, donation and transplantation must be recorded in a register kept by the transplant facility.

(2) The record of any transplantation must at least contain the—

(a) unique donor number and annual serial number for each transplant;
(b) date of the transplant;
(c) name, address, sex, age and nationality of the recipient and the file number;
(d) relationship of the donor to the recipient;
(e) names of the health care providers involved in the transplant and aftercare of the patient;
(f) name of the organ retrieval team;
(g) place where the organ was removed; and
(h) disposal and reason for, any organ removed that is not used for transplantation.

(3) The record may include any further information that is deemed to be necessary by the national department of Health.

(4) (a) The record of the transplantation must be treated as confidential and must be kept in a place where it is reasonably protected against fire, theft, and destruction when not in use.

(b) The record of the transplantation must, unless the Minister determines otherwise, be retained for a minimum period as required by the National Archives of South Africa Act, 1996 (Act No. 43 of 1996).

CHAPTER 2
DONATION OF ORGANS

Institutions or persons to which human bodies may be donated

7. An organ, may be donated to any of the following institutions or persons-

(a) a registered hospital;

(b) a university;

(c) authorised institutions; or

(d) any person who required therapy in which the organ concerned can be used for therapeutic purposes.

Requirements for organ transplant facilities

8. A facility performing organ transplants must: -

(a) have a clinical lead from the multidisciplinary transplant team must have at least two years of experience in transplant medicine;

(b) have the capacity and commitment to undertake uninterrupted lifetime, long-term care including immunosuppressive therapy and monitoring of recipients and donors or arrange an alternative service provider;

(c) have multidisciplinary expertise or regular access to such expertise in order to provide optimum care for the assessment, transplantation and follow-up of organ donors and transplant recipients including the allied health services;

(d) have full clinical support services to ensure the health and well-being of both organ donors and transplant recipients must be available twenty-four hours a day to transplant units; and

(e) every 30 days provide a report of deceased donation, living donation, waiting list and transplant activities with donor, recipient and graft outcome including donor referrals, to the national department.

Licensing of transplant units

9. (1) Authorisations, permits or designations contemplated in these Regulation shall be granted in respect of transplant units, provided they comply with the stipulated criteria determined by the Director-General.

(2) The Director-General must, within 12 months of promulgation of these Regulations, publish Licensing Criteria for Organ Transplant Units.

CHAPTER 3
DONATION OF ORGANS BY LIVING PERSONS

Removal of organs from living persons for transplantation

10. (1) A person may not remove organ from the body of a living person for the purpose referred to in section 56 of the Act unless:

(a) An explanation in respect of the following has been given to the donor and the recipient of the relevant tissue or organ:

(i) the cost, risks and benefits of each of the treatment options or proposed health interventions; and

(ii) the consent required from both the donor and the recipient must be obtained in accordance with the provisions of sections 6, 7, and 8 of the Act.

(b) The organ donor and recipient comply with the clinical and psychological requirements for organ donation and transplantation reflected as **Annexure A** of these Regulations or any other minimum requirements set out by the Director-General.

(c) The hospital or authorized institution undertaking the donor operation take all appropriate steps to ensure and document that the donor is willing to donate, free from inducement and coercion.

(d) There is no financial and non-financial incentive to donate and understands that he or she may decline to donate at any time.

(e) The recipient has been informed of a lifelong follow-up protocol.

(f) The donor has been informed that he or she may, without prejudice, withdraw the donation at any time.

(2) No person may remove an organ from a living person for transplant into another person without the Minister's written approval unless the person into whom the organ is to be transplanted is biologically related to the person from whom the organ is removed.

(3) For the purpose of this regulation, a person is biologically related to:

(a) natural parents and children;
(b) brother and sisters sharing one or both natural parents;
(c) the brother and sister of the natural parent;
(d) the natural children of the natural brothers and sisters of the natural parents;
(e) natural children of natural brothers and sisters; and
(f) Biologically related grandparents and grandchildren.

(4) No person shall in any particular case be treated as related in any of those ways unless adequate proof of the claimed relationship has been established by the authorised institution, any doubt with regard to the relationship may be referred to the Minister for approval.

Procedure for application for Ministerial approval for local living unrelated

11. For transplants between persons not contemplated in regulation 10(2), the Minister may grant permission for the transplant, on receipt of an application and documentation detailed in **Annexure B** of these regulations or deemed necessary by the Director-General.

Use of organ removed from living persons

12. Organ removed from living persons may only be used for medical, dental, therapeutic and diagnostic purposes.

Transplants relating to Non-South African Citizens as a living donor or recipient

13. A Non-South African citizen living donor or recipient may not undergo a transplant operation in a South African health establishment or health agency unless:

(a) Written approval by the Minister has been obtained on receipt of:

(i) The documents contemplated in **Annexure B** or deemed necessary by the Department;

(ii) A written undertaking from the referring health care provider confirming that post-transplantation care is sufficient to ensure the continued health and well-being of the living donor and the recipient will be provided in their respective countries of residence;

(iii) Proof of identification of the recipient and the living donor;

(b) In cases where a recipient is accompanied by his or her own living donor, tissue typing shall be typed within South Africa in order to determine whether there are a match and the removal of the organ and its subsequent use must comply with the provisions of the Act and these regulations, as well as the professional and ethical rules of the Health Professions Council of South Africa.

Treatment of deceased donor's body after removal of tissue

14 The health care provider that removes organs from a deceased donor is responsible for the physical reconstruction of the appearance of the deceased donor after the removal procedure.

CHAPTER 5
ALLOCATION OF DONOR ORGANS

Allocation and use of human organs from a deceased person and keeping of records, registers and returns

15. (1) Allocation of organs obtained from the body of a deceased person in the circumstances contemplated in section 62 of the Act, may not take into account the race, religious beliefs and political affiliation, culture, language, gender, sex, sexual orientation, disability, ethnic, social origin, birth, conscience or any other aspect of the deceased person's life that has no bearing on the physical state or quality of the organ in question.

(2) A register must be kept by-

(a) the institution where transplants are being performed or the institution that has removed any organ in terms of Sections 59 to 64 of the Act;

(b) any authorised institution that receives or deals in organ allocation; or

(c) An institution must record, or ensure recording, the details in sub regulation within the next working day after removing an organ.

(3) The following particulars must be recorded in the register mentioned in sub-regulation (2): -

(a) The unique identifier number for each donor must be recorded on the register;

(b) Date of the transplant and procurement;

(c) The name, address, sex, age, identification number and nationality of the recipient and the file number where applicable;

(d) The relationship of the donor to the recipient;

(e) The names of the primary surgeon or doctor involved in the transplant and care of the recipient;

(f) The name of the surgeon that removed the organ;

(g) The Health establishment where the organ was procured; and

(h) Any further information that is deemed to be necessary by the Director-General.

(4) A register referred to in sub-regulation (2) shall-

(a) be kept in accordance with section 17 of the Act; and

(b) unless where the Minister determines otherwise in writing, be retained for a minimum period as required by the National Archives of South Africa Act, 1996 (Act No. 43 of 1996).

(5) Every authorised institution and transplant unit must, on a monthly basis or deemed necessary by the Director-General, provide the national department of Health with the information in their register.

(6) The national department of Health must keep a national database, in which details of all transplant records received from authorised institutions or transplant units, are collated.

Application for authorisation to allocate organs

16. (1) An application for organ allocation authorisation must be made to the Director-General using **Annexure C**, indicating the nature of the individual organ for which authorisation is required.

(2) The public health establishments are exempt from applying for authorisation, however, they must submit documents or any information required by the Director-General, to notify the Director-General of the intent to allocate the deceased organ.

(3) Any public-private health establishment partnership must obtain authorization from the Director-General to perform organ allocation from a deceased person.

(4) The application contemplated in sub-section (1) must contain the following information:

(a) the names of the health establishments or public-private health establishment partnerships involved;
(b) location of the premises where transplantation business is to be conducted;
(c) the organ that require organ allocation authorisation;
(d) the standard operating procedure;
(e) an indication of how records and data shall be kept;
(f) details of the responsible person; and
(g) any other information the Director-General may consider necessary for the consideration of the application.

(3) Any authorized health establishment, public-private health establishment partnership must:
(a) use the approved standard operating procedure to conduct their organ allocation;
(b) notify the Director-General in writing immediately of any changes to the information of the approved authorization; and
(c) make a new application for any other organ allocation authorisation that differs from the approved authorisation.

(4) All existing organ allocation health establishments or public-private health establishment partnerships, must within 12 months of the promulgation of these regulations, submit the required documentation for authorisation.

(5) Any person who contravenes or fails to comply with any of the provisions of these regulations is guilty of an offense and liable on conviction to fine or imprisonment not exceeding ten years or both fine and imprisonment.

(6) The Director-General may convene an oversight body to review and report on organ allocation systems.

Suspension or withdrawal of authorisation

17. (1) If the Director-General is of the opinion in respect of an inspection report, auditing, and recommendation by the health officer that there are reasonable grounds to suspect that:

(a) Any premises or equipment used by an authorised health establishment or person are in any way hazardous to health;

(b) The authorised health establishment or person is not complying with the Act or these regulations;

(c) The rights of the organ donor or recipient are violated; or

(d) The authorised organ allocation health establishment, public-private health establishment, person, or committee is not complying with the approved authorisation; and

(e) The authorised health establishment, public-private health establishment, person, or committee after being offered an opportunity by the health officer to rectify the situation referred to in subsections (a), (b), (c), or (d), of the Regulation, failed to rectify such situation,

the Director-General may suspend or withdraw the authorization.

(2) Where non-compliance with these Regulations is found, the applicant or person responsible for the authorisation must be notified of the violation and must be given a period of 90 calendar days to take corrective measures.

(3) If non-compliance threatens the safety of patients or staff, the license shall be withdrawn with immediate effect by the national department.

Inspection and auditing

18. All authorised health establishments must be inspected and audited at least annually, and additional inspections may be conducted on an *ad-hoc* basis for the purpose of investigations following complaints or early warning system surveillance to ensure compliance with these Regulations.

CHAPTER 6
GENERAL AND SUPPLEMENTARY PROVISIONS

Payment in connection with the donation of organ

19. No person who-

(a) contemplates receiving or is about to receive organ must offer or provide any financial or non-financial or other reward to the donor or any other party, except as provided for in section 60 of the Act; or

(b) acts, or acted as a facilitator in the procurement supply or donation of organ may offer or promise any form of financial or non-financial or other rewards to the donor, recipient or another party, whether such offer is on his or her own behalf or on behalf of another party.

Protection of privacy

20. (1) No person may publish to any other person any facts whereby the identity of the person whose body or any specific organ thereof has been donated unless written consent thereto was granted in writing by the donor or any person authorised to give such consent in terms of any law or court order.

(2) No person may publish to any other person any fact whereby the identity of the recipient of any organ removed from another person before or after the death of the said person, may be established, unless-

(a) in case of a recipient who is still alive at the time of such publication or before such publication granted his or her consent thereto in writing; or

(b) in the case of a recipient who at the time of such disclosure has died-

(i) the recipient before his or her death granted consent to such publication in writing; or

(ii) the recipient did not before his or her death indicate in any manner that he or she would not be prepared to grant such consent and the spouse, partner, major child, parent, guardian, major brother or major sister of the recipient before such publication granted consent thereto in writing.

Surveillance and reporting of international transplant activities

21. (1) The Director-General must establish a database for collecting and analysing data related to South African residents who receive or donate organs outside the borders of the Republic of South Africa.

(2) All transplant centres, public and private health establishments, and any healthcare professional who suspect of such activities must report the information in the format prescribed by the Director-General.

Transplants performed abroad

22. The person contemplated in regulation 21(2) must report, the number of persons who are South African residents and who are known to have undergone organ transplantation and donation outside the country within the reporting year, where applicable;

(a) The type of transplant performed;
(b) The type of organ donation;
(c) Whether the donation was directed or non-directed;
(d) The origin of the living or deceased donor; and
(e) Where possible, the country where the transplant was performed.

Reporting of Donation received abroad

23. Failure by a registered health care practitioner to comply with the reporting requirements in terms of regulation 21 (2) constitute professional misconduct and must be reported to the relevant statutory health professions council for investigation and appropriate disciplinary action.

CHAPTER 7
APPOINTMENT AND FUNCTIONS OF THE INSPECTOR OF ANATOMY AND INVESTIGATING OFFICERS

Inspector of Anatomy

24 (1) The head of the provincial department in each province shall appoint a person in the provincial department as an inspector of anatomy who will have the same powers and functions referred to in sections 82, 84, 85, 86 and 87 of the Act.

(2) An inspector of anatomy shall exercise the powers and perform the duties conferred or imposed upon or delegated or assigned to him or her by or under these regulations, subject to the control and directions of the head of the provincial department.

(3) An inspector of anatomy shall exercise his or her powers and perform his or her duties in an area defined by the head of the provincial department.

Investigating Officers

25. (1) The head of the provincial department may appoint any person who is not in full-time employment of the State as an investigating officer to investigate any matter in terms of these regulations or may appoint such investigating officer to assist an inspector of anatomy.

(2) The head of the provincial department must furnish an investigating officer with a certificate of appointment, signed by the head of the provincial department stating that he or she has been appointed as an investigating officer in terms of these Regulations.

(3) An investigating officer must, on request, produce his or her certificate of appointment for inspection.

(4) An investigating officer may, subject to the control and directions of the head of the provincial department and for the purposes of the investigation for which he or she has been appointed, exercise any power conferred on an inspector of anatomy under regulation.

Powers of inspector of anatomy

26. An inspector of anatomy may-

(a) at any reasonable time for the proper performance of his or her functions and without prior notice enter any premises;
(b) in or upon where a human body or organ is used or is reasonably suspected to be used for any purpose referred to in section 56 of the Act;
(c) in or upon which the production from tissue or organ of any therapeutic, diagnostic or prophylactic substance or the supply of such substance so produced is carried on or is reasonably suspected to be carried on;
(d) examine any such premises or body, tissue or organ, product or substance or other object found therein or thereon or any activity or process carried out, on, in, or upon those premises, and may open any package or container in or upon those premises which contain or is suspected to contain such body, tissue or organ, product, substance or another object, in order to ascertain whether the provisions of the Act and these regulations with regard to those premises or that body, tissue or organ, products, substance, another object, activity or process are being complied with;
(e) at any time, demand from any person in or upon any such premises that he or she forthwith or at a time and place determined by the inspector produce to her or to him any register, record or other documents which is in the possession or custody or under the control of that person or any other person on his or her behalf;
(f) examine such a register, record or other document and require from any person referred to in paragraph (e) an explanation of anything appearing therein, and make copies thereof or extracts therefrom, or seize such a register, record or other documents, if, in her or his opinion, it may afford evidence of an offense in terms of the Act or these regulations; been employed in or upon such premises

or to have possession or custody of or control over anything referred to in this regulation;

(g) order any person contemplated in paragraphs (e) or (f) to appear before him or her at a time and place determined by him or her, and at that time and place question that person with regard to any matter which he or she is investigating;

(h) Following full investigative report, the anatomy of inspector remove and discard the remains of the human body which is kept in or upon premises entered by him or her in terms of paragraph (a) if he or she deems it advisable and recover the cost in connection with the removal and discarding from the institution or person under whose care of the body concerned was, immediately before such removal and discarding.

Offences and Penalties

27. Any person who contravenes or fails to comply with any provision of these regulations; shall be guilty of an offence and liable on conviction to a fine or to imprisonment not exceeding ten years or to both such fine and imprisonment.

Short title

28. These Regulations are called the Regulations on Transplantation, 2026.

ANNEXURE A
CRITERIA FOR SELECTION OF DONORS FOR TRANSPLANTATION

A. Deceased donor, organ transplantation

Selection of Donors

The decision to utilise the organs of a potential donor is based on the following criteria

a. Establishment and confirmation of brain death or circulatory death according to standard protocol
b. Assessment of the suitability of the organs involved as per standard protocol
c. The availability of consent from relatives or a directive of intent to be a donor from the deceased (such as a donor card)
d. The exclusion of communicable diseases and malignancy or other contraindications to the utilisation of donor organs as per standard protocol
e. The ability to maintain circulation or organ/tissue viability until organs/tissues can be removed for preservation and/or transplantation

Allocation of organs from deceased donors

The allocation of deceased donor organs to a potential recipient is based on the following criteria, weighted to accommodate specific requirements of the type of transplant and the needs of the patients on the waiting list according to established protocols of the region or facility

- Suitable ABO matching if applicable;
- Suitable cytotoxic antibody screening;
- Suitable HLA compatibility if applicable;
- Suitability of size and age, if applicable;
- Medical condition and degree of urgency, if applicable;
- Time on the waiting list, if applicable.

B. Living donor renal transplantation

Living donor transplantation (related or unrelated) should be encouraged because of the shortage of deceased donor organs

Criteria for selection of living donors

- Living donors must be aged 18 years or older
- Fully informed consent should be obtained from both donor and recipient as pertains to risks and benefits of the procedures
- Both donor and recipient should be recorded in a Transplant Database and lifetime follow up must be established

Related living donors

For related living donors, there is no need for a central regulatory mechanism, provided the genetic relationship can be shown to fall within a defined category as prescribed in regulation 10 (3):

- Donors must satisfy medical, ethical and psychiatric criteria for selection as per established protocols
- All donors and recipients in a living donor transplant program must be assessed and found suitable by a multi-disciplinary transplant selection panel

Unrelated living donors

- The motives of the donor should be assessed to be altruistic and in the best interest of the recipient, not self-serving or for profit.
- Unrelated donors may include but not be limited to spouses, friends and acquaintances.
- Medical investigations for both donor and recipient should conform to standard protocols.
- Donor and recipient should undergo a psychological assessment by an independent and suitably qualified social worker or psychologist to ensure that no form of coercion exists and that both parties are fully informed and understand the implications of the procedures.
- Application to perform unrelated living donor transplant procedures must be forwarded to the relevant office at the National Department of Health.
- Applications must be recommended by the Ministerial Advisory Committee (MAC) or another committee established for this purpose.
- Applications must be approved or disapproved by the Minister; the relevant office at the National Department of Health must communicate the Ministers final decision to the applicant.

C. Other transplants

Recipients and donors are selected according to guidelines set by the transplant centres.

ANNEXURE B
Transplant Request Unrelated living Donor Information to be supplied

A. Prospective Recipient and Donor

1. Full personal particulars - include social status, occupation, functionality and habits.
2. Full clinical details - history, physical examination (including height and weight). Exact diagnosis and cause of Chronic Renal Failure
3. Currant stage of primary disease, implications, co-morbidity, treatment (drug, non-drug) IN CASE OF THE RÉCIPIENT
4. Psychological assessment or by a Social worker.
5. Consent Form
6. Full workup details as follows: (NOT MORE THAT SIX MONTHS OLD RESULTS)
    a. Blood group
    b. Tissue typing and MLC
    c. Liver function
    d. Electrolytes, Na, K, Ca, Mg, Random Glucose, Lipogram
    e. Full blood count, INR, ESR
    f. Urine protein, sugar, blood, microscopy
    g. HbsAg, Hep C
    h. HIV
    i. CMV, IgM, IgG
    j. VDRL
    k. Creatinine clearance
    l. Chest X-ray
    m. ECG - Resting
    n. Stress ECG where indicated

7. Special Investigations
    a. Abdominal ultrasound to confirm the presence of two kidneys
    b. Renal Angiogram - for the renal ureteric anatomy.

ANNEXURE C
Application for authorisation to allocate organs

In terms of regulation {----------} of the Regulation the authorisation of health establishments, committees or public-private partnership application to allocate organs.

Please tick relevant box and complete the form.

Notification of intent		Application for authorisation	

TO BE COMPLETED BY THE RESPONSIBLE PERSON/S.

Name of the Institution/s involved

Postal address

City/Town		Code	

Street address of the health establishment, committee or public-private partnership

City/Town		Code	

Name of the responsible person/s

Name	
ID No	
Qualifications	
Professional registration no	
Telephone number (work)	
Telephone number (after hours)	
Email address	

Name	
ID No	
Qualifications	
Professional registration no	
Telephone number (work)	
Telephone number (after hours)	
Email address	

What organ/s allocation authorisation are requested?

Please attach a Standard Operating Procedure that will be used to guide the allocation of organs, and the details should include the handling of records. Public health establishments are required to complete the form and attach the Standard Operation Procedure or Terms of Reference that will guide their practice.

Please submit it to the relevant official at the National Department of Health.