

2023/24

OFFICIAL GUIDE TO
SOUTH AFRICA



HEALTH

The Department of Health (DoH) derives its mandate from the National Health Act of 2003, which requires that the department provides a framework for a structured and uniform health system for South Africa and sets out the responsibilities of the three levels of government in the provision of health services. Its mission is to improve health by preventing illness and disease, and promoting healthy lifestyles. It aims to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

Over the medium term, the department aimed to focus on preventing and treating communicable and noncommunicable diseases by continuing to strengthen primary healthcare (PHC); supporting tertiary services; and strengthening health systems, including infrastructure, in preparation for the introduction of National Health Insurance (NHI).

Self-reported health and healthcare provision

According to Statistics South Africa's (Stats SA) General Household Survey (GHS) of 2023, more than nine-tenths (93,6%) of South Africans perceived their health to be good, very good or excellent. A slightly higher percentage of males (30,6%) than females (29,1%) rated their health as 'Excellent'. The percentage of persons who rated their health as excellent was the highest amongst coloureds (39,8%) and lowest black Africans (28,4%).

The type of healthcare facility consulted by household members are influenced by factors such as households' proximity to facilities as well as personal preferences based on factors such as affordability and the perceived quality of services. Nationally, 73,1% of households said that they would first go to public clinics, hospitals or other public institutions, while 25,4% of households said that they would first consult a private doctor, private clinic or hospital.

The use of public health facilities was least common in Western Cape (57,5%) and Gauteng (66,7%), and most common in Limpopo (83,6%), Eastern Cape (81,2%) and Mpumalanga (79,9%).

Treating and preventing diseases and promoting primary healthcare

The target for clients remaining on ARV treatment is slightly lower than what was previously published for 2024/25 (6.7 million instead of R6.5 million) and 2025/26 (seven million instead of 6.7 million), as uptake has been lower than expected.

By November 2023, only about 5.5 million clients were on treatment against an annual target of six million. This is attributed to poor health-seeking behaviour, particularly among men. The department will use outreach services such as community health workers and innovative medicine dispensing models to improve performance in this area. The target for 2026/27 is 6.9 million.

Outreach services are largely funded through the district health component, in which spending is set to increase at an average annual rate of 6.5% , from R2.9 billion in 2023/24 to R3.5 billion in 2026/27, in the PHC programme. This will enable the department to continue to retain an appropriate number of community health workers and fulfil their mandatory stipend increases. The component also funds human papillomavirus vaccinations and a range of interventions for TB and malaria.

The central chronic medication dispensing and distribution programme makes chronic medicines more accessible by allowing them to be dispensed conveniently at alternate pick-up points such as private pharmacies. It is funded through the NHI indirect grant. An estimated 40% of the department's clients on ARVs use the service.

Supporting tertiary healthcare services

Tertiary healthcare services are highly specialised referral services provided at central and tertiary hospitals. These services are not, however, equitably distributed as there are only 35 hospitals offering tertiary services in the country and most of them are in urban areas. As such, patients are often referred from one province to another, which requires strong national coordination and cross-subsidisation through the national tertiary services grant to compensate provinces for providing tertiary services to patients from elsewhere.

To improve equity and reduce the need for interprovincial referrals over the long term, a portion of the grant is earmarked for strengthening tertiary services through the purchasing of machinery and equipment and recruiting medical specialists in provinces where they are underdeveloped.

Funding for oncology services, amounting to R737.3 million over the next three years, which were previously partly funded through the NHI grant, has been shifted to the national tertiary services grant from the NHI grant, which partly funded it. This is to consolidate funding for cancer services.

Central Chronic Medication Dispensing and Distribution (CCMDD)

The DoH's flagship programme, the CCMDD or fondly called by patients as "Dablap meds", meaning short cut, creates an alternative access to chronic medication. Now that people live longer, the burden of costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years continues to grow. This is a positive impact informing one of the overarching goals of the National Development Plan, which focuses on raising the life expectancy of South Africans to at least 70 years by 2030.

Mental health

The DoH plans to do more to increase public knowledge on mental health issues including early signs of mental illness, avoiding preventable risk factors, early help seeking behaviour for mental illness symptoms and where people should go for help and treatment. Unlike other disciplines that require mostly sophisticated technologies to diagnose and treat illnesses, mental health require mostly human resources to diagnose, care, treat and rehabilitate mental illnesses.

There is a need to continuously upskill health professionals to ensure that they have the required capacity for early identification and treatment of mental illnesses. Provinces have used this indirect grant to contract psychiatrists, psychologists, occupational therapists, social workers and registered counsellors to render mental health services at PHC. The contracted clinical psychologists and psychiatrists also conduct forensic mental observations of accused referred by the courts in terms of the Criminal Procedures Act of 1977.

Mental health content has been integrated into the curriculum of community healthcare workers, to assist in identifying and referring those that need mental health services as they visit households. The DoH has integrated mental health into the general health services environment in compliance to international standards in mental health.

Life expectancy and population

According to Stats SA's *Mid-year population estimates of 2024*, life expectancy at birth for 2024 was estimated at 63,6 years for males and 69,2 years for females. The infant mortality rate for 2024 was estimated at 22,9 per 1 000 live births. The estimated overall HIV prevalence rate was approximately 12,7% among the South African population. The total number of people living with HIV was estimated at approximately 8,0 million in 2024. For adults aged 15–49 years, an estimated 16,68% of the population was HIV positive.

There was a reduction in international migration, which is indicative of the COVID-19 travel restrictions and subsequent impact on migratory patterns since March 2020. Migration is an important demographic process, as it shapes the age structure and distribution of the provincial population (and so the country's population structure). For the period 2021–2026, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 381 024 and 492 427 respectively.

Gauteng still comprises the largest share of the South African population, with approximately 15,93 million people (25,3%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 12,31 million people (19,5%) living in this province. With a population of approximately 1,37 million people (2,2%), Northern Cape remains the province with the smallest share of the South African population.

About 27,50% of the population is aged younger than 15 years (17,33 million) and approximately 9,7% (6,13 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within its structure are Limpopo (33,09%) and Eastern Cape (31,70%). The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such policies and programmes to care for the needs of this growing population should be prioritised.

National Health Insurance

The NHI aims to ensure that all citizens and residents of South Africa, irrespective of socio-economic status, have access to good-quality health services provided by both the public and private sectors, thereby eradicating financial barriers to healthcare access. The NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all.

By 2030, the NDP expects South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an IMR of less than 20 deaths per thousand live births, including an U5MR of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision.

Potential benefits from the NHI Fund include:

- treatment for schoolchildren with physical barriers to learning such as eyesight, hearing, speech and oral health;
- free ante-natal care in the form of eight visits to a doctor to each of the 1,2 million women who fall pregnant annually. Family planning, breast and cervical cancer screening and where appropriate, treatment, will be provided;
- better services for mental health users, such as screening; and
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

Medical schemes

By August 2024, there were over 71 registered medical schemes in South Africa, with over eight million beneficiaries. There were also 32 administrators, R233 billion in member contributions, 43 managed-care organisations, 7 567 accredited healthcare brokers and 2 185 accredited healthcare brokerages.

Medical aid coverage

According to Stats SA's GHS of 2023, despite some fluctuations, the percentage of individuals who were covered by a medical aid scheme changed very little between 2002 and 2023, declining only slightly from 15,9% to 15,7% over the period. Medical aid coverage was most common in Western Cape (25,7%) and Gauteng (22,4%), and least common in Limpopo (9,5%) and Mpumalanga (9,8%). White persons comprised 31,7% of all medical aid beneficiaries.

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A higher percentage of individuals in metros were members of medical aid schemes than in the general population (23,5% compared to 15,7%). Figure 5.4 shows that membership was most common in City of Tshwane (30,0%) and Cape Town (27,8%), and least common in Mangaung (18,7%) and the City of Johannesburg (19,8%).

About 71,7% of white individuals were members of a medical aid scheme compared to 41,3% of Indian/Asian individuals, 19,6% of coloureds and 9,8% of black Africans. However, expressed as a share of all medical aid members, black Africans comprised 51,2% of all members compared to 31,7% of whites.

Health entities:

- The **National Health Laboratory Service (NHLS)** was established in terms of the NHLS Act of 2000, and provides pathology services for the majority of the South African population through its 233 laboratories across the country. This includes forensic chemistry laboratory services, which the service took over from the department in 2022/23. The service also houses the National Institute for Communicable Diseases and the National Institute for Occupational Health.
- The **South African Medical Research Council (SAMRC)** is mandated, in terms of the SAMRC Act of 1991, to promote the improvement of the health and quality of life of the population through research, development and technology transfer. In line with this mandate, the council conducts and funds relevant and responsive health research, capacity development, innovation and research translation.
- The **National Institute for Communicable Diseases** is responsible for disease surveillance, specialised diagnostic services, outbreak response, public health research and capacity building. The primary responsibility of the National Institute for Occupational Health is to develop and support occupational health initiatives to improve and maintain the health of the South African workforce.
- The **Mines and Works Compensation Fund** was established in terms of the Occupational Diseases in Mines and Works Act of 1973. It is not yet listed as a public entity and the administration of the fund is done by the department, but legislation is being prepared to formally establish it as a schedule 3A public entity. The Act mandates the fund to collect levies from controlled mines and works; compensate workers, former workers and the dependants of deceased workers in controlled mines and works who have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.

- The **Council for Medical Schemes** was established in terms of the Medical Schemes Act of 1998 as the regulatory authority responsible for overseeing the medical schemes industry in South Africa. Section 7 of the Act sets out the functions of the council, which include protecting the interests of medical scheme beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare, and advising the Minister of Health on any matter concerning medical schemes. The council plays a significant role in supporting the department and coordinating the medical industry's efforts towards realising universal health coverage.
- The **Office of Health Standards Compliance** was established in terms of the National Health Amendment Act of 2013 to promote and protect the health and safety of the users of health services. It is mandated to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner. To strengthen the quality of healthcare delivery, the office is expected to increase the number of health establishments it inspects and certifies for compliance with norms and standards.
- The **South African Health Products Regulatory Authority** derives its mandate from the National Health Act of 2003 and the Medicines and Related Substances Act of 1965. The authority's key focus over the medium term will be on registering medicines and medical devices to support public health needs; licensing medicine and medical device manufacturers and importers; authorising, monitoring and evaluating clinical trials; and managing the safety, quality, efficacy and performance of health products throughout their life cycles. To improve efficiency and enable access to medicines to be rapidly scaled up by improving timelines for scientific evaluation and clinical trials, the authority plans to upskill its personnel through talent management and recruit expertise in core areas.