



**OFFICIAL
GUIDE TO**
South Africa
2020/21

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. The Act sets out the responsibilities of the three levels of government in the provision of health services.

The DoH contributes directly to the realisation of Priority 3 (education, skills and health) of government's 2019-2024 Medium Term Strategic Framework, and the vision articulated in Chapter 10 of the National Development Plan.

Over the medium term, the department's most urgent focus was responding to the Coronavirus Disease (COVID-19) pandemic, including rolling out government's vaccination strategy. Ongoing focus areas include implementing National Health Insurance (NHI) in phases, preventing and treating communicable and non-communicable diseases, investing in health infrastructure, and supporting tertiary healthcare services.

Responding to the COVID-19 pandemic

Since the beginning of the global pandemic, South Africa has experienced three waves of COVID-19 infections, placing significant pressure on the country's health system in terms of budget and service delivery. Over the medium term, the DoH planned to focus on managing the COVID-19 pandemic by preventing the spread of the disease through non-pharmaceutical interventions and mass vaccination.

Phased implementation of the NHI

Establishing the NHI Fund as a public entity is a key priority in the department's plans to roll out NHI. Until the fund is established, the bulk of allocations for activities related to the NHI are channelled through the NHI indirect grant.

Preventing and treating communicable and non-communicable diseases

The HIV, Tuberculosis (TB), malaria and community outreach grant is the main vehicle for funding disease-specific programmes in the sector.

The grant has eight components, the largest of which is the HIV and AIDS component which funds government's antiretroviral treatment programme that aims to reach over 6.7 million people by 2023/24, as well as provide a range of HIV-prevention services.

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

Life expectancy

Life expectancy at birth for 2021 was estimated at 59,3 years for males and 64,6 years for females, according to the 2021 Mid-year population estimates. The infant mortality rate for 2021 was estimated at 24,1 per 1 000 live births.

The estimated overall HIV prevalence rate is approximately 13,7% among the South African population. The total number of people living with HIV is estimated at approximately 8,2 million in 2021. For adults aged 15-49 years, an estimated 19,5% of the population is HIV positive.

There is 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. For the period 2016 to 2021, Gauteng and Western Cape were estimated to experience the largest inflow of migrants of approximately, 1 564 861 and 470 657 respectively.

Gauteng still comprises the largest share of the South African population, with approximately 15,81 million people (26,3%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 11,5 million people (19,1%) living in this province. With a population of approximately 1,30 million people (2,2%), Northern Cape remains the province with the smallest share of the South African population.

About 28,3% of the population is aged younger than 15 years (17,04 million) and approximately 9,2% (5,51 million) is 60 years or older. Of those younger than 15 years of age, the majority reside in Gauteng (21,8%) and KwaZulu-Natal (21,2%). The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such policies and programs to care for the needs of this growing population should be prioritised.

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 would 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;
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

Medical schemes

By August 2021, there were over 80 medical schemes in South Africa, with over eight million beneficiaries.

Health entities:

- The **National Health Laboratory Service (NHLS)** was established in terms of the National Health Laboratory Service Act of 2000. The entity operates more than 230 laboratories in nine provinces and is the sole provider of training for pathologists and medical scientists, provides comprehensive and affordable pathology services to more than 80% of the South African population, and plays a significant role in the diagnosis and monitoring of HIV and TB.

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

HIV and TB care. The COVID-19 pandemic has had a negative impact on overall testing in that fewer patients sought care at health facilities during lockdown, resulting in a 12% decrease in tests conducted from 2019/20 to 2020/21.

However, as at 20 January 2021, the entity had conducted an estimated 3.3 million COVID-19 tests. The number of tests conducted, excluding those for COVID-19, is expected to increase at an average annual rate of 1%, from 89 million in 2020/21 to 93 million in 2023/24.

The NHLS also houses the National Institute for Communicable Diseases (NICD), which is internationally renowned for its role in the surveillance and monitoring of communicable diseases. It provides expertise to southern African countries on outbreaks such as Ebola, listeriosis and, most recently, COVID-19. Over the medium-term period, the NICD planned to continue playing a critical role in the surveillance of COVID 19, focusing on providing services such as mobile

testing, community outreach, hotline services, testing at all border posts, and necessary support to provinces in their responses to COVID-19.

- The **South African Medical Research Council (SAMRC)** conducts and funds health research and medical innovation in terms of the amended SAMRC Act of 1991. The council is mandated to contribute to improved health and quality of life for the South African population by providing evidence-based recommendations to various policy-makers through health research, development, technology transfer and capacity development.

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

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

Over the medium term, the commissioner was expected focus on improving access to services provided to current and former mineworkers, increasing the number for claims paid, and fast-tracking the claims management process. The payment of claims is funded through levies collected from controlled mines and works on behalf of their employees. These funds are used to compensate current and former mineworkers for diseases for which they are entitled to receive compensation.

- The **Council for Medical Schemes** is a regulatory authority designated in terms of the Medical Schemes Act of 1998 to oversee the medical schemes industry. The Act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functions of medical schemes, collecting and distributing information about private healthcare, and advising the Minister of Health on matters concerning medical schemes. Over the medium term, the council was expected to ensure the efficient and effective regulation of the medical schemes industry, and support the department in its efforts to achieve universal health coverage for all South Africans through

national health insurance. The council aimed to achieve this by developing and implementing the guidance framework for low-cost benefit options, and finalising proposals for the Medical Schemes Amendment Bill and the health market inquiry.

- The **Office of Health Standards Compliance** was established in terms of the National Health Amendment Act of 2013 to protect and promote the health and safety of users of health services by ensuring that private and public health facilities comply with prescribed norms and standards.

This includes inspecting health facilities for compliance with norms and standards, investigating complaints made by the public, and initiating enforcement actions against facilities where there is persistent non-compliance. Over the medium term, the entity was expected to focus on conducting inspections in public and private health establishments to enhance and enforce 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 is responsible for regulating medicines intended for human and animal use; licensing manufacturers, wholesalers and distributors of medicines, medical devices, radiation-emitting devices and radioactive nuclides; and conducting trials.

Over the medium term, the authority was expected to focus on accelerating the licensing of its backlog of medicine products. This entails revising its operational models and reviewing its business processes to reduce unnecessary bureaucracy and delays, with the aim of clearing the backlog by 2022/23.