PROGRESS REPORT ON THE PRESIDENTIAL HEALTH COMPACT 2019

PRESIDENTIAL HEALTH SUMMIT TWO

Birchwood Conference Centre

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health
Department:
Health
REPUBLIC OF SOUTH AFRICA

NDP 2030

BACKGROUND & CONTEXT

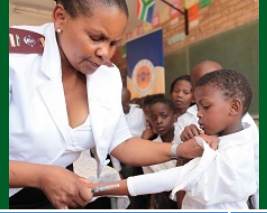
- The Presidential Health Summit convened in October 2018, diagnosed and proposed solutions to end the health system crises hampering progress towards creating a unified, people-centered and responsive health system that leaves no one behind.
- The Presidential Health Compact encouraged all signatories to play their part in strengthening the health system and places the accountability on stakeholders to meet the commitments made
- Similar to the rest of the globe, the country spent more than 2 years battling COVID-19, and lost 50% of the time for Compact implementation. However, we learned valuable lessons for the entire health system – we must capitalize on these
- Successful delivery of the National Health Insurance depends on sustained health systems capability
- There is a need to take stock and reflect on progress, identify constraints and strategies for improvement. This presentation will provide highlights while the group discussions will provide in-depth details for the 9 PILLARS
- Progress on Pillar Interventions and Activities have been rated as follows:

Status	Rating
Target achieved	
Progress made	
Poor implementation	

Health Compact 9 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 focus on to 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
- Pillar 9: Develop an information system that will guide the health system policies, strategies and investments

PILLAR 1: Augment National Human Resources for Health (HRH) Strategy and Plan



Intervention	Activity	Indicator	Target	Status
Costing and finalization of the Human Resources for Health (HRH) Strategy and Plan	Quantify the number of current healthcare professionals in the health system by discipline.	Report on the quantification and cost implications of the National HRH Strategy and Plan	Dec 19	
	Cost the National Human Resources for Health (HRH) Strategy and Plan 2019-2024 to ensure that the policies on funding and staffing meet the needs of the health system.			
	Finalise and disseminate the National HRH Strategy and Plan 2019-2024	Human Resources for Health Strategy published	Dec 19	
	Track equity in the distribution of Human Resources for Health between Provinces and Districts (in both public and private sectors)	Institutionalise Health Workforce Accounts and report on equity in the provision of HRH across Provinces and Districts	Annually (5 annual reports produced from 01 September 2020 to 01 September 2024)	
Development of effective Human Resources for Health Policies	Lift moratorium on posts in public health sector with priority placed on critical services	Moratorium on posts in public health sector officially lifted	Dec 19	
	Conduct a review of the HRH governance arrangements across spheres of government to ensure compatibility with the NHI policy and Bill	Report on HRH governance arrangements across spheres of government completed	Apr 20	
	Ensure that statutory requirements for internship and community service are met	Annual plan for the placement of interns and community service candidates	September annually starting 2019	

Pillar 1: Augment National Human Resources for Health (HRH) Strategy and Plan

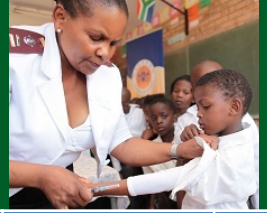
Achievements:

- ✓ Human Resources for Health Strategy for 2030 was published in February 2020. The Strategy is inclusive of the **Human Resources for Health (HRH) Plan** 2020/21 - 2024/25. A **report on the cost implications of the National HRH Strategy and Plan** was produced by end March 2022.
- ✓ **Moratorium on posts in the public sector** was lifted and since 2020/21 a total 205 234 health care workers were appointed (permanent/contract), with priority placed on critical services.
- ✓ Since 2020, the Department managed to allocate **8 972 medical internship and 30 368 community service personnel,** to funded positions to commence duty by January of each year.
- ✓ Introduction of the Presidential Stimulus Package and the Human Resources Training Grant in 2021/22, created 73 370 new posts (i.e. critical & statutory posts), to strengthen services in the public health sector. COVID-19 HR grant also assisted with further injection of much needed staff

In progress:

- ✓ **Institutionalization of health workforce accounts in process and report on equity in the provision of HRH across Provinces and Districts-** has been developed prioritizing modules on active health workforce stock and health labour market flows. Provinces conducted staff verification and PERSAL audits. Capabilities of Human Resource Information System evaluated & two additional capabilities (staffing norms & attrition model) were added to the system.
- ✓ **Report on HRH governance arrangements across spheres of government completed- formed the basis of the** draft Regulations presented to Technical Committee of the National Health Council (NHC)

PILLAR 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery



Intervention	Activity	Indicator	Target	Status
Implement Centralised Procurement of Medicines and Medical technology	Establish a centralised procurement and logistical management system with standardised procurement systems and processes at national level for medicines and medical products	Policy on centralised procurement finalized and adopted by the National Health Council	Apr 21	
Development of a Health Technology Assessment Strategy	Develop a Health Technology Assessment Strategy and costed implementation plan	Health Technology Assessment Strategy developed and costed, with an implementation plan	Dec 20	
		An HTA Committee established	Apr 22	
Training/Human Resource Capacitation	Establish joint support training programmes to improve the supply chain skills amongst supply chain officials.	Number of joint support training programmes established	Nine programmes 12 months after promulgation of the Act (one in each Province)	
Regulation and Registration	SAHPRA will, through a collaborative process re-engineer regulatory processes to reduce unnecessary bureaucracy, reduce delays in the registration of products and value innovation, thereby providing reasonable access to safe, eff active and affordable products.	Reduction in the average time frame for the registration of products	Dec 2019	
Public Private Partnerships to Indigenization of Pharmaceutical Production	Explore options for collaborative partnerships for pharmaceutical production Off -take agreements signed by the National DoH with Ketlaphela	Off-take agreements signed by the National DoH with Ketlaphela State-owned Pharmaceutical Company	April 2020	

Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery

Achievements/successes:

✓ **Reduction in the average time frame for the registration of products**: As at 30 September 2022, South African Health Products Regulatory Authority received 264 NCE applications, of which none were due as at the end of the quarter. All applications were finalised ahead of the prescribed timeframe. There is no backlog for New Chemical Entities (NCEs), all pending NCE applications are under review and are within the prescribed timeframe. Various strategies are being implemented to reduce and clear the backlog including various forms of reliance by conducting risk-based assessments, participation in ZAZIBONA- a collaborative process to evaluate new medicine applications and make use of assessment reports from recognised regulatory authorities and SAHPRA.

***In progress*:**

✓ **Policy on centralised procurement finalized and adopted by the National Health Council**: Most essential medicines are sourced through a centralized system. Contracts are entered into between the NDoH and suppliers of medicines, on behalf of all provinces.

✓ **Health Technology Assessment Strategy (HTA) developed and costed, with an implementation plan & an independent HTA Agency established**: Interim HTA Strategy drafted in preparation for National Health Insurance. The HTA Technical working group was appointed by the Director General in 2022/23. Establishment of Agency will be dealt with in the regulations after NHI Act is promulgated.

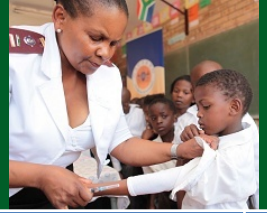
✓ **Number of joint support training programmes established**: initial training conducted during 2019; in 2021 training was conducted through webinars and on-line modules.

✓ **Clear current backlog; Implement reliance model for product registration:** The South African Health Products Regulatory Authority (SAHPRA) inherited a backlog of over 16 000 medicine applications comprising of new registrations and variations. SAHPRA continues to implement reliance policies within the backlog clearance project.

Challenges

✓ **Off-take agreements signed by the National DoH with Ketlaphela State-owned Pharmaceutical Company**: Ketlaphela established as a legal entity and new management deviated from their original objectives and therefore, has not been able to manufacture any pharmaceutical products, thus NDoH could not enter into any off -take agreement.

PILLAR 3: Execute infrastructure plan to ensure adequate, appropriate well-maintained facilities



Intervention	Activity	Indicator	Target	Status
Strengthen Health Infrastructure Planning to ensure construction of appropriate health facilities on a sustainable basis	Review and update the 10-Year National Health Infrastructure plan.	Updated 10-Year National Health Infrastructure plan approved by the National Health Council	Apr 20	
	Conduct Annual audits of equipment in all public health facilities to identify shortages (against standard lists)	Annual Report on Audits of equipment in all public health facilities	Annually, from April 2020	
Improve Health Infrastructure Delivery and ensure that health infrastructure is completed on time, without additional costs to the original budgets and meets the need for the services required	Review the policy on accountability for public health infrastructure and clarify responsibilities of the Department of Public Works and DoHs	Revised policy presented to the National Health Council	Apr 20	
Improve Health Infrastructure Delivery and ensure that health infrastructure is completed on time, without additional costs to the original budgets and meets the need for the services required	Implement the Infrastructure Delivery Management System (IDMS) in all health departments	Infrastructure Delivery Management System implemented in all health facilities (100%)	IDMS implemented by all 9 Health Departments in all health facilities by 2023/2024	
	Explore alternative funding sources and mechanisms for development and maintenance of public health infrastructure	Report on alternative funding sources and mechanisms for public health infrastructure (including a National Health Infrastructure Fund) presented to the NHC	Apr 21	

Pillar 3: Execute infrastructure plan to ensure adequate, appropriate well-maintained facilities

Achievements

- ✓ **Revised policy presented to the National Health Council**: All inter-governmental implementation Protocol Agreements were adjusted and roles of the Provincial Departments of Public Works stated in more detail. These have been signed and issued to National Treasury as part of compliance to the Division of Revenue Act.
- ✓ **Infrastructure Delivery Management System (IDMS) implemented in all health facilities (100%):** Framework for Infrastructure Delivery and Procurement Management (FIDPM) is well entrenched in the Project Management Information System and is applied in the various projects being driven by NDoH. All systems are now aligned with the IDMS and NDoH continuously monitors compliance to the FIDPM.

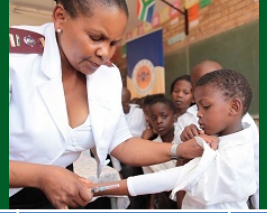
In progress

- ✓ **Updated 10-Year National Health Infrastructure Plan approved by the National Health Council**: All source data collected to enable refreshing of the 10 Year Infrastructure Plan. Various scenarios tested and actual gap analysis report would only be concluded after a national working group have validated the models to be used.
- ✓ **Annual Report on Audits of equipment** in all public health facilities: Audits of equipment started during the second quarter of 2021/22 due to COVID-19 interruptions, thus the audit process has not been able to cover the entire population of health facilities on annual basis.
- ✓ **Report on alternative funding sources and mechanisms for public health infrastructure presented to the NHC:** Various discussions held with National Treasury and other stakeholders to unlock funds specifically for maintenance related projects given the deteriorating condition of health facilities and the lack of sufficient attention in the provinces. Concerted efforts ongoing in unlocking additional funding sources and managing these funds once received.

Challenges

- ✓ Major investments on infrastructure required vs lack of investment confidence, low return on investment potential and status of the country as a whole
- ✓ Insufficient infrastructure staff within provincial departments resulting in slow uptake of digital new plan & inadequate use of Infrastructure Delivery Management System for monitoring

PILLAR 4: Engage private sector to improve access, coverage and quality of health services



Intervention	Activity	Indicator	Target	Status
Expand training of medical specialists and other cadres as required to meet country needs	Conduct a baseline audit of medical specialists in South Africa to quantify the gaps between existing supply and existing need. Create a platform for on-the job training of specialists through rotation-in the private sector to enhance public sector capacity	Terms of Reference Final Baseline audit report submitted to the National Health Council (NHC) Proposal and plan for the training of medical specialists	May 2019 Dec 2020 Dec 2019	
Bolster the training of nurses to meet country needs	Conduct a baseline audit of nurses in South Africa to quantify the gaps between existing supply and existing need	Final Baseline audit report submitted to the National Health Council (NHC)	Sep 19	
	Create a platform for the private sector to contribute more to training of nurses in the public sector	Address constraints for private sector to support training	Nov-19	
Develop a Public Private Engagement Mechanism	Develop a platform for contribution, cooperation and reflection between the public and private sectors	Terms of Reference for a coordination structure between the public and private sector established	Nov 19	
Share knowledge and learnings on systems and processes in healthcare facilities	Identify where public facilities are located in same geographic catchment areas as private facilities – identify & contribute to back log reduction	Interventions to reduce backlog/contribute to patient care identified with related intervention plan	Annually	
Develop capacity to resolve medico-legal disputes through alternative dispute resolution (ADR)	Establish a task team of experts to develop a framework for voluntary alternative dispute resolution Develop capacity for ADR	Framework for voluntary alternative dispute resolution	April 2020 Lead: Academics Support: SA Medico-legal	

PILLAR 4: Engage private sector to improve access, coverage and quality of health services

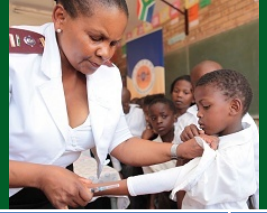
Achievements

- ✓ **Final baseline report on audit of nurses** to quantify gaps between the existing supply and existing needs was finalised & presented to stakeholders such as South African Nursing Council (SANC), Nursing education institutions and provincial nursing leadership.
- ✓ **Nurse training and education** offered in the public nursing colleges are accredited by SANC and Council for Higher Education. A mechanism for utilisation of clinical training platforms by all accredited Nursing Education Institutions (Public and Private) was established in all health facilities.
- ✓ NDoH engages with the private sector in the development of **all regulatory frameworks** guiding education and training of nurses. The operational issues are referred and resolved by the Regulatory body (SANC) or Provincial Departments of Health.
- ✓ **Proposal and plan for the training of medical specialists:** The HRH Strategy talk about decisive action and addressing inequities. DoH provides Human Resource Grant training funds training of registrars/medical specialists

Challenges

- ✓ Effectiveness in working with private sector in the absence of a regulatory framework to enforce it. However, a lot of work was done collaboratively during COVID-19

PILLAR 5: Improve the quality, safety and quantity of health services provided with focus on to primary health care



Intervention	Activity	Indicator	Target	Status
Reduce medico-legal claims and litigation	Conduct an assessment into supply and demand side factors contributing to increasing rates of medico-legal litigation and addressing the identified root causes	Report into the root causes of medico-legal litigation outlining interventions to curb the scourge	Dec 20	
Quality Improvement Plan	Map and harmonise all the quality improvement initiatives in the health sector and develop an integrated National Quality Improvement Plan	Number of public sector facilities implementing the National Quality Improvement Plan	80% by 2022 100% by 2024	
Provide patient-centric health services that meet the needs and expectations of users	Conduct annual Patient Experiences of Care (PEC) surveys in the public sector	Number of Provinces conducting PEC surveys	All 9 Provinces	
	Monitor levels of patients' positive experience of care in the public services	Percentage of patients reporting a positive experience of care in the public sector	Increase from 76,5% in 2017 to 90% in 2022 Increase to 95% in 2024	
Achieve Inter-sectoral collaboration to address social determinants of health	Work collaboratively with other sectors to effectively mitigate the effects of key social determinants of health	Percentage of government policies assessed through the DPME SEIAS system which include addressing health aspects – in accordance with Health in All Policies'	50% increase in government policies that reflect "Health in all Policies" by April 2022 100% increase by April 2024	
Improve access to health care for priority populations and conditions	Ensure that all medical schemes pay fully for all Prescribed Minimum Benefits (PMBs)	Complete the Prescribed Minimum Benefit (PMB) review process	100% by April 2021	
	Implement priority projects to promote access to care for vulnerable groups (e.g. cancer treatment, high risk maternity)	Define and implement projects with measurable outcomes through direct contracts or Public Private Partnerships		

Pillar 5: Improve the quality, safety and quantity of health services provided with focus on to primary health care

Achievements

- ✓ **Forensic investigations** by service providers in 2019/20 resulted in the reduction of the total volume of claims due to removal of all claims related to letters of demand, Protection of Access to Information Act cases and fraudulent claims. Further investigations of top law firms that were litigating against the State established existence of touting, particularly on matters of children with cerebral palsy, unearthing claims that were potentially fraudulent. *National Proclamation* - forensic investigations are now conducted by the SIUs.
- ✓ **All 9 provinces conduct annual PEC surveys** in line with the approved national PEC survey guideline.

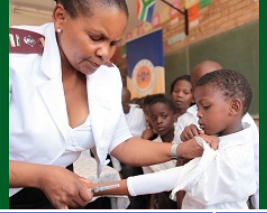
In progress:

- ✓ 81% patients reported **positive experience of care in the public service** by the end of March 2023, against a target of 90% by 2022.
- ✓ **Number of public sector facilities implementing the National Quality Improvement Plan** (NQIP): 50% (1 796) public sector facilities implementing the NQIP, against a target of 80% by 2022.
- ✓ **South African Law Reform Commission** (SALRC) - project 141: consolidating inputs to the published Discussion Paper to inform the Legal Framework to manage Medico-Legal claims. Once finalised, the legislative process will be initiated through drafting of the Bill.
- ✓ For the period 01 April to 31 December 2022, only **5% (10 / 203) of policies reflected contribution to the health priorities** based on the DPME Socio Economic Impact Assessment System**,** against a target of 50% increase in government policies by April 2022 and 100% increase by April 2024.
- ✓ Extensive data was supplied by medical schemes to support development and costing of primary care additions to **Prescribed Minimum Benefits** (PMBs). Research evidence is required to support the allegation that PMB compliance is not high

Challenges

- ✓ Lack of sustainability for quality improvement status in facilities
- ✓ The NDoH does not have control over what claimants aspire to in terms of the monetary value of their claims which constitutes contingency liability. However, greater focus will be i on the actual payouts made by provinces

PILLAR 6: Improve the efficiency of public sector financial management systems and processes



Intervention	Activity	Indicator	Target	Status
Reduce accumulated accruals in the provincial health budgets	Develop a three-year plan for reducing provincial accruals	Three-year plan for reducing accruals approved by National Health Council	Plan finalized and approved by December 2019 Accruals reduced incrementally by 30% in 2020/21; 60% in 2021/22 and 90% in 2022/23	
Restructure the HIV Conditional Grant	Review of the purpose, effectiveness and volume of the HIV Conditional Grant. Review the decisions to include TB, Malaria and Community Outreach Services in this grant. Review the system to approve and monitor business plans.	Completed review report of the HIV Conditional Grant	Implement report recommendations on HIV Conditional Grant by March 2022	
Equitable allocation of budgetary resources across national, provincial and district levels	Review the resource allocation to the health sector in conjunction with National and Provincial Treasuries, taking into account the epidemiological, health systems, demographic and other key variables. This should include a review of resource allocation to Public Entities: NHLS, SAMRC, SAHPRA, OHSC, CMS and CCOD	Report on the review of resource allocation to the health sector, including Public Entities completed	April 2020	
Improve the financing and management of Central Hospitals and the training of health professionals including specialists	Establish multi-to review governance of the central hospitals together with their teaching platforms. Review of financial allocations, staffing, equipment and infrastructure needs of central hospitals and delegations of authority to hospital and university leadership	Completed report on management and funding of central hospitals by March 2020	Implement new governance arrangements and funding, staffing and infrastructure levels to ensure service levels and training obligations for the country are met by 2022.	
Reduce in corruption and wastage in the	Establish a dedicated unit in the National DoH to prevent and address corruption and wastage in the health sector	Dedicated fraud prevention unit established in the National DoH	Dec 2020	

Pillar 6: Improve the efficiency of public sector financial management systems and processes

Achievements

- ✓ **HIV Conditional Grant**: Eight components were collapsed creating a new grant with only two components- Comprehensive HIV/ AIDS and District Health Components. Subsequent to approval by National Treasury, changes were effected from 01 April 2022 and included in the Division of Revenue Act.
- ✓ **Review of resource allocation to the health sector:** The Provincial Equitable Share (PES) draft was reviewed by National Department of Health and National Treasury and the revised PES formula will be phased in over 3 years to limit shocks to the provincial health systems.
- ✓ **Dedicated fraud prevention** unit established in the National DoH: An anti-Corruption Cluster has been created in the National Health Insurance Branch

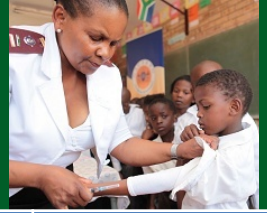
In progress

- ✓ **Three-year plan for reducing accruals approved by National Health Council**: A Draft Consolidated Management of Accruals Plan was developed by end March 2021. The 3x3 and Functional Group meetings are continuously convened to pave way on the pressures faced by the health sector to reduce accruals.
- ✓ **Completed report on management and funding of central hospitals**: Focused on Policy Guidelines to increase capacity to strengthen local decision making and accountability to facilitate semi-autonomy of central hospitals (National Health Act 35(b). A further review on the draft organisational structure for central hospitals was conducted to make the structure more affordable.

Challenges

- ✓ Increase funding to Health Ombud from R8m to R32m in 2021/2022, and approval of legislation to transfer accountability of Health Ombud to Parliament
- ✓ Budget cuts over the MTEF with large budget reductions have a significant impact on service delivery and in turn affects reduction of accruals: Budget cuts imposed from 2021 MTEF for the Health Sector was at R76bn over 3 years.

PILLAR 7: Strengthen governance and leadership to improve oversight, accountability and health system performance at all levels



Intervention	Activity	Indicator	Target	Status
Strengthen accountability mechanisms at national, provincial and institutional level within the current Constitutional framework	Develop clear policies separating political from administrative mandates in the health sector, without abrogating political oversight in the administrative execution of policies	Policy framework for separation of political from administrative mandates completed	April 2020	
Ensure effective oversight through robust health information, research and evidence	Develop Annual National Health Research priorities to continuously generate knowledge and new products for promoting, restoring and maintaining health	Annual National Health Research priorities list produced	Produced in November 2020, updated annually through to April 2024	

Pillar 7: Strengthen governance and leadership to improve oversight, accountability and health system performance at all levels

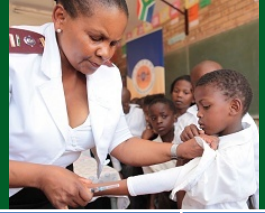
Achievements

✓ The **Health Research priorities** were produced in consultation with key stakeholders since April 2020 and updated annually through to April 2023. The Health Research Summit in November 2022 ensured wider stakeholder consultation on priorities post COVID-19

Challenges

✓ **Develop clear policies separating political from administrative mandates in the health sector, without abrogating political oversight in the administrative execution of policies**: the sector operates continues to be guided by the existing legislation including PFMA, Public Service Act & others. There is a need to look critically on the implementation approach for this pillar

PILLAR 8: Engage and empower the community to ensure adequate and appropriate community-based care



Intervention	Activity	Indicator	Target	Status
Strengthen Governance capacity of bodies involving communities	Establish health governance structures (Clinic Committees and Hospital Boards) in all levels of health facilities	All 3880 health facilities with established and well-functioning health governance structures (clinic committees and hospital boards)	April-22	
	Convene annual National and Provincial and Consultative Summits on health with appropriate community engagement	Reports of National and Provincial Summits produced and disseminated	Annually April 2019 to April 2024	
Enhance health literacy for better health outcomes	Support collection and use of data by community health workers, health managers and health personnel, facilities, not-for-profit organisations providing health services (CBOs, NGOs, FBOs, Private Sector etc) – noting issues of confidentiality regarding patient data;	50% expansion of community-based data on the District Health Information System (DHIS) 100% expansion of community-based data on the District Health Information System (DHIS)	Apr 22 Apr-24	
Re-orient training and Education of community health workers and health professionals	Re-orientate undergraduate health professionals training to PHC and community engagement including expansion and resourcing of decentralised training platforms and emphasis on multi-disciplinary team training	Report on the review of undergraduate curricula completed	April 2022	

Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care

Achievements

- ✓ **Expansion of community-based data on the DHIS:** Ward Based Primary Health Care Outreach Team (WBPHCOT) Monitoring & Evaluation Framework and data collection tools were developed in line with the new Scope of Work of Community Health Workers (CHWs) and Outreach Team Leaders to guide the collection and use of data to monitor the WBPHCOT programme.
- ✓ The WBPHCOTs data elements have been expanded and incorporated in the National Indicator Data Set for reporting through the DHIS..

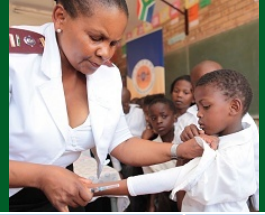
In progress

- ✓ **All 3880 health facilities with established and well-functioning health governance structures**: Provinces trained on the Guidelines for measuring effectiveness of clinic committees and Guidelines and relevant monitoring and evaluation tools were tested in 331 Clinics/Community Health Centres and 57 Hospitals. To date training cascaded to 619 clinic committees and 176 hospital boards. Functionality and impact of these governance structures have been mixed, there remains a need for ongoing support, comprehensive resourcing and capacity building to ensure the effectiveness of these committees and boards. Policy decision needed on stipends- for clinic committees- currently neglected on budget allocation

Challenges

- ✓ **National and Provincial and Consultative Summits:** National Health Consultative Fora were held annually until 2019, and only 4 provinces convened annual provincial health consultative summits, namely North West, Eastern Cape, Mpumalanga and the Western Cape. No further National and Provincial Health Summits have been held owing to COVID-19 interruptions.

PILLAR 9: Develop an Information System that will Guide The Health System Policies, Strategies and Investments



Intervention	Activity	Indicator	Target	Status
Integrated Health Information System	Implement inter-operability between the various patient information systems using the normative standards framework for interoperability for eHealth in SA publication	Compliance with the identified interoperability standards All systems by 2024	Compliance with the identified interoperability standards All systems by 2024	
	Develop and implement a South African Health Information Exchange Service that will allow for the sharing of data between identified health information systems	Functional South African Health Information Exchange Service	By April 2024	
	Establish a patient registry through the Implementation of a uniform Master Patient Index (MPI), in all public and private health care providers and facilities	Master Patient Index implemented by health care (public and private)	By April 2024	
Standardisation of health diagnostic and procedure coding systems	Implement a harmonised WHO classification for topographical, diagnostic (general and specialized), procedural, pharmaceutical and outcome coding across the health system including but not limited to the transition of revised systems, e.g., ICD-10 to ICD-11 or introduction of International Classification of Health Interventions (ICHI)	50 % of public health facilities implementing identified coding systems April 2024	50 % of public health facilities implementing identified coding systems April 2024	
Healthcare technology infrastructure and architecture platform	Conduct a health information infrastructure and architecture baseline assessment across the health sector (private and public).	Baseline assessment Report on available information systems infrastructure, operating and application systems, state of functionality as well as broadband connectivity status	April 2023	
Development of business intelligence for health sector Health Professionals	Identify baseline business intelligence (BI) report requirements across the health sector.	Business Intelligence Specification Document outlining report requirements across the health sector.	July 2023	

PILLAR 9: Develop an Information System that will Guide the Health System Policies, Strategies and Investments

Achievements

Business Intelligence (BI) Specification Document outlining report requirements across the health sector

✓ The collation of data collected on the HPRS and Public Health Master Facility List (MFL) was visualized as the first phase of developing a Business Intelligence (BI) platform for the Health Sector. Creation of the MFL and the NHI Data Lake was repurposed for the development of a BI Dashboard for COVID-19, which was extensively used to provide real time data and analytics on the National COVID-19 vaccination rollout.

Integrated Health Information System

✓ The 2021 Health Normative Standards Framework (HNSF) for Digital Health Interoperability was gazetted on 21 October 2022. The HNSF is an enabler for the efficient and safe flow of healthcare-related person-centred information across institutional and provincial boundaries and is applicable in both public and private sectors.

In progress

Standardisation of health diagnostic and procedure coding systems

✓ A Clinical and Diagnostic Coding Technical Working Group (TWG) was established during 2021/22 with a mandate to review the available coding systems and standards and provide a recommendation for adoption and regulation. A report was adopted by the National Health Council. The report unpacks the landscape of clinical, diagnostic, and associated coding standards and propose a roadmap toward the selection of an appropriate suite of coding standards to be used in South Africa. To date a draft Gazette Notice for the standardised coding systems for the national health system has been drafted and will be published shortly.

Baseline Infrastructure and Capacity Assessment

✓ A study was conducted by the CSIR on behalf of the NDoH, as part of the National Health Normative Standards Framework for South Africa. The study looked at functionality, non-functional features, Infrastructure and Infostructure, Standards and HNSF Readiness. The collection of the information on the available infrastructure and architecture in the Public Sector commenced in February 2020. This assessment will continue will now include the Digital Health baseline skills assessment.

CONCLUSION

- We have made a lot of strides, but more still need to be done for health systems strengthening as we think critically about NHI

- Implementing all activities of the Compact has been challenging, however we were able to move with the critical ones

- We learned a lot from COVID-19: can we build on it and move faster?

- We do need to reflect on deriving better value from Compact partnerships & its processes

Thank You