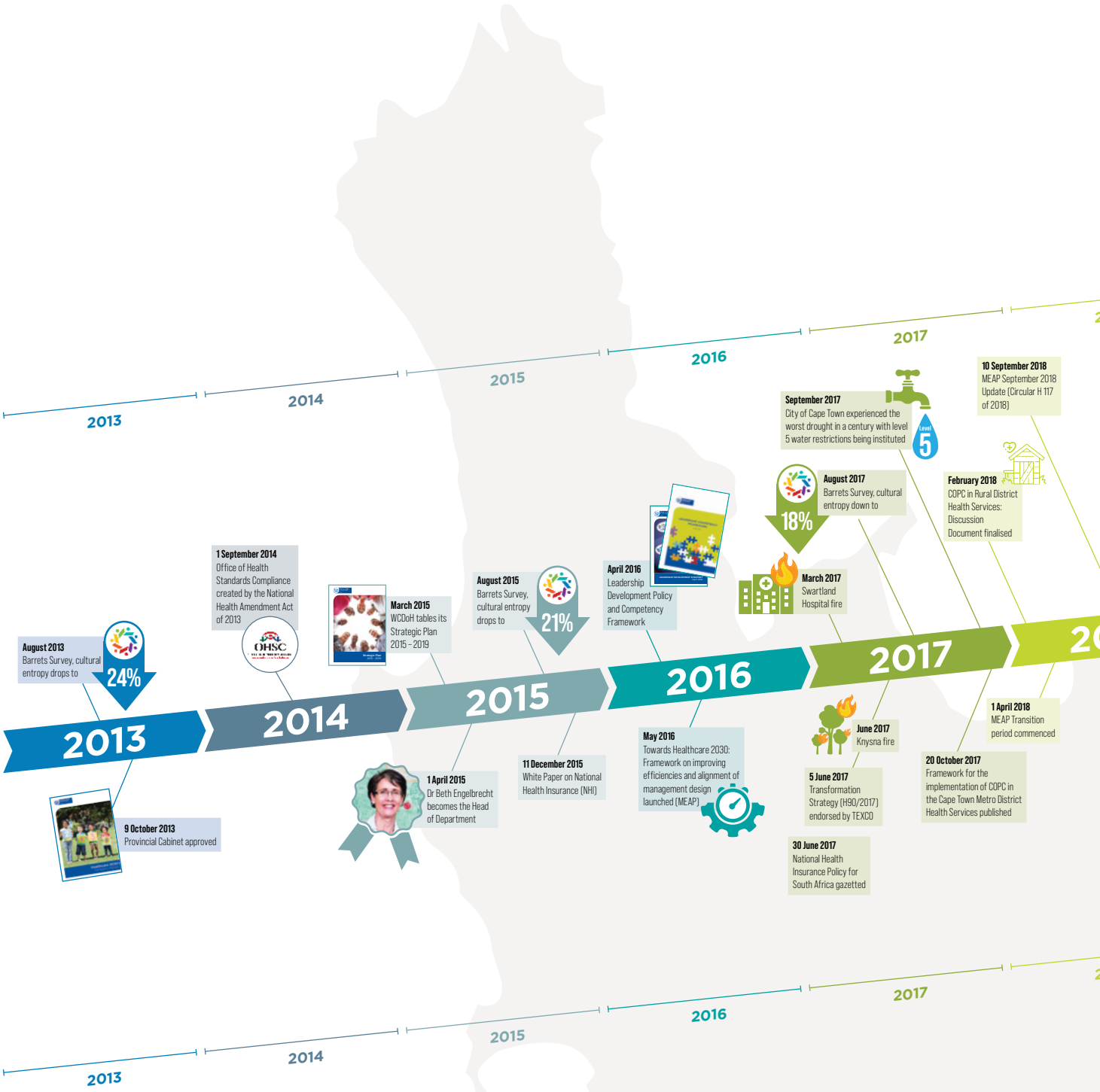
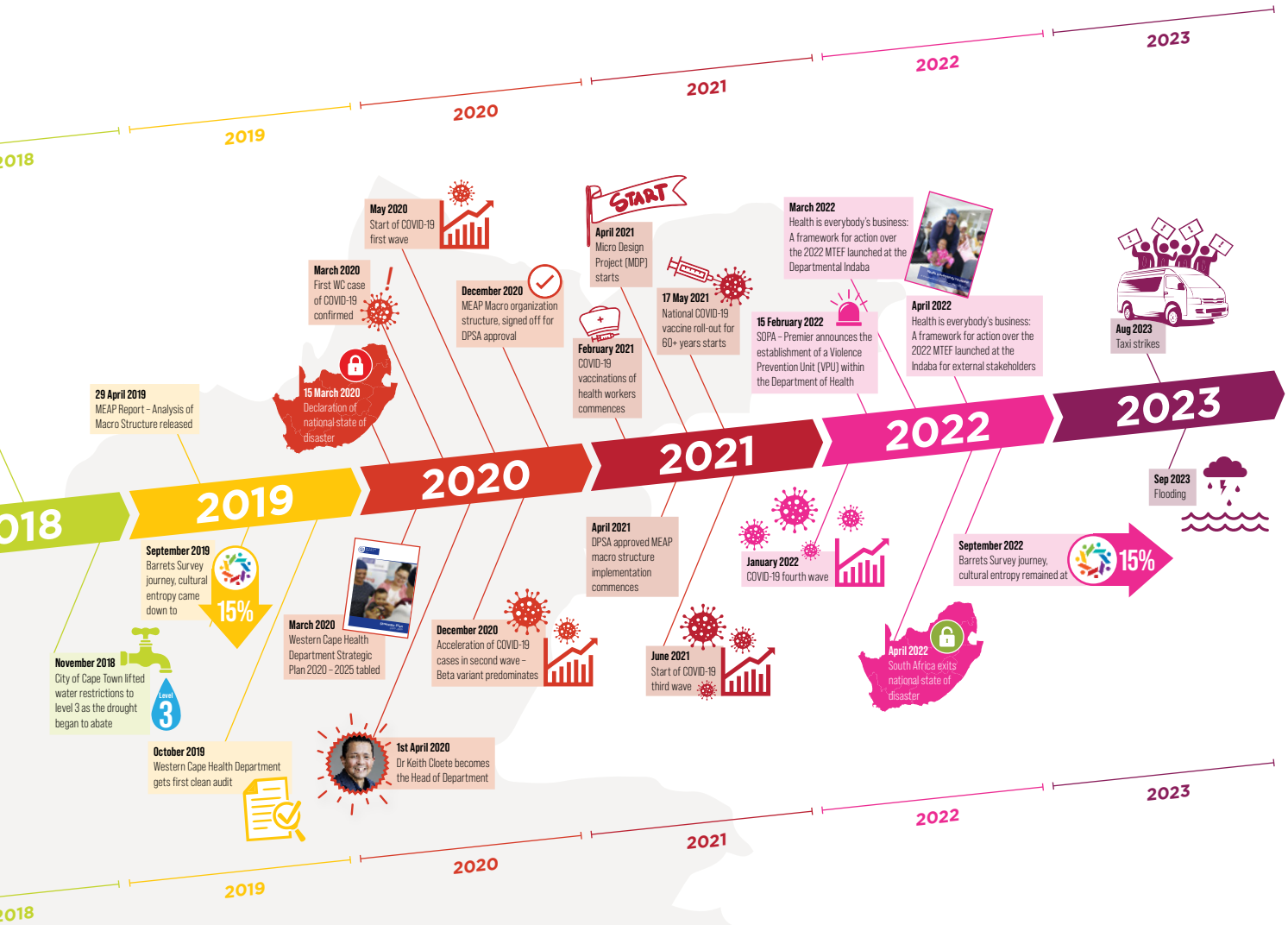
Western Cape Government

Western Cape Department of Health and Wellness

Strategic Plan 2025-2030

THE LAST DECADE OF **HEALTHCARE 2030 REFORM**





Western Cape Department of Health and Wellness

Strategic Plan 2025-2030

EXECUTIVE AUTHORITY STATEMENT

Mireille Wenger
Minister of Health

Over the past few years, the resilience of the healthcare system in the Western Cape has been tested by the challenges of a global pandemic, increasing service demands, and constrained resources. Yet, these challenges have also underscored the dedication and adaptability of our healthcare workers, who continue to deliver care with unwavering commitment.

As we look to the future, the realities we face are stark. The Western Cape has the highest population growth rate in South Africa, driven by both in-migration and natural growth. This demographic shift brings with it a dual challenge: a burgeoning youth population and an aging population, each with distinct and complex healthcare needs. Additionally, 85% of our residents rely on public healthcare, placing immense pressure on an already strained system. The fiscal environment remains tight, compelling us to find innovative ways to do more with less.

This five-year strategic plan is our blueprint for navigating these challenges. At its core is our commitment to walking the life journey with every resident of the Western Cape. We will focus on ensuring that our children start well, our communities live well, and our elderly age well. This holistic approach reflects our understanding that health and wellness are lifelong pursuits that require tailored interventions at every stage of life.

For our children, we will prioritise maternal and child health, early childhood development, and preventative care to lay a strong foundation for lifelong wellness. For our communities, we will enhance access to quality healthcare, address the growing burden of non-communicable diseases, and promote mental health and wellbeing. For our elderly, we will develop and expand services to meet the increasing demand for complex, long-term care, ensuring that aging is a dignified and supported phase of life.

A well-functioning public healthcare system is essential to achieving the broader goals of the Western Cape Government: eradicating poverty, creating jobs, and empowering vulnerable communities to lead safe and dignified lives. This strategic plan aligns with these goals by prioritising equitable access to quality healthcare and fostering a system that is sustainable, effective, and patient-centred.

Good governance is fundamental to the success of this plan. A well-run department ensures that resources are used efficiently, transparently, and effectively to achieve our goals. By upholding the highest standards of accountability, ethical leadership, and sound management, we can build the trust and confidence needed to deliver on our mission and ensure that every initiative contributes to a healthier, more equitable Western Cape.

We cannot achieve this vision alone. It will require collaboration and innovation across sectors, communities, and stakeholders. Together, we must harness our collective strengths to build a healthcare system that not only meets the needs of today but anticipates and adapts to the challenges of tomorrow.

As we embark on this journey, let us do so with determination and optimism, knowing that the work we do today will shape a healthier, more resilient Western Cape for generations to come.

ACCOUNTING OFFICER STATEMENT

Dr Keith Cloete
Western Cape Head of Health

The last 5 years has left an indelible mark on us all, we have been forever changed as individuals and as an organisation. At a time of great loss, we were also given the opportunity to connect to our common humanity in ways we had never imagined before COVID-19. It renewed our appreciation for the simple things, like a warm embrace or the squeeze of a hand, as we faced the ensuing waves of the virus for the better part of 2 years.

My memories of that time are bittersweet, as with those incredible lows also came incredible highs in how we rallied against the pandemic. Our shared experiences are peppered with stories of hope and resilience. I look back in awe how, despite the risks to yourselves and your families, you showed up each day to do battle with this virus. I am forever humbled by your selflessness and courage, especially remembering those employees we lost along the way.

More recently we've had to face morally injurious budget cuts which was acutely felt by our frontline clinicians. This exposed the fault lines in our managerial system and reminded us all of just how perilous siloed decision-making in the short-term can be to the sustainability of the provincial health system in the long-term. It became evident that our aspiration to become a people-centric, trusted and equitable health system needs us to seriously re-think how we make the decisions to deploy our scarce resources.

Participatory decision-making that is contextual and embedded in the larger provincial health system is paramount to making ethical and socially just choices for the people of the province to thrive. In the coming 5 years, the Department will be exploring a cross-institutional collaborative approach (the eco-system approach) to align service, corporate and strategy components within the Department to the shared purpose of progressively realising the right to healthcare.

In a recent publication examining sustained health system development, the Western Cape health system was identified as a 'pocket of relative bureaucratic effectiveness' within the South African health system context; illustrative of 6-years of achieving a 'clean audit' outcome. Our stable and astute sub-national governance and leadership; and the deepening of administrative and technical capacity over time, grounds our aspiration for the future.

Our 2025-30 Strategy Plan is rooted in the 4 public value propositions of start well, live well, age well and run well, which present exciting possibilities of the future. We need to stand together and embody the change we seek to create in continuing to serve the people of the province with compassion and purpose. While I am cognisant of the significant challenges, we are likely to face, I want to encourage you all to not let it determine who we are. Let's draw on our collective resilience and our ability to learn, as we navigate these complexities, to achieve our ambitious goals. We owe it to our society and our future generations.

OFFICIAL SIGN-OFF

It is hereby certified that this Strategic Plan:

- Was developed by the management of Western Cape Department of Health and Wellness under the guidance of Minister Mireille Wenger.
- Takes into account all the relevant policies, legislation and other mandates for which Western Cape Department of Health and Wellness is responsible.
- Accurately reflects the strategic outcome-oriented goals and objectives which Western Cape Department of Health and Wellness will endeavour to achieve over the period 2025 to 2030.

Signature:

Dr S Kariem
Chief of Operations

Signature:

Mr S Kaye
Head of Corporate Services

Signature:

Ms N Nkosi
Chief Director of the Strategic Cluster

Signature:

Dr K Cloete
Accounting Officer

APPROVED BY

Signature:

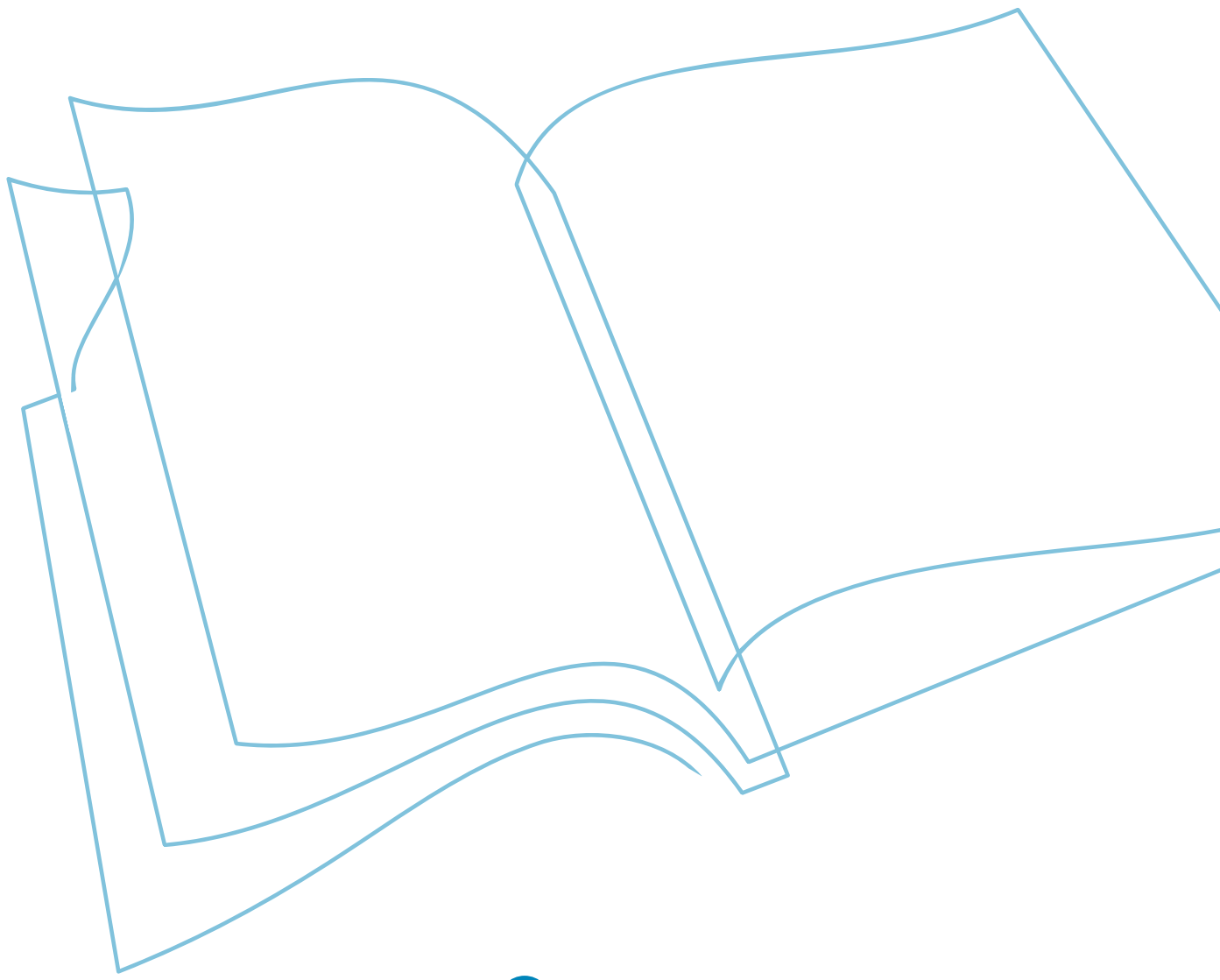
Minister Mireille Wenger
MEC for Health

ACRONYMS

ABT	Area-Based Teams
AGSA	Auditor-General of South Africa
AGYW	Adolescent Girls and Young Women
AI	Artificial Intelligence
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AO	Accounting Officer
APD	Association for Persons with Disabilities
ART	Antiretroviral Therapy
BAS	Basic Accounting System
BBBEE	Broad-Based Black Economic Empowerment
CDC	Centers for Disease Control and Prevention
COID	Compensation for Occupational Injuries and Diseases
COVID-19	Coronavirus Disease
CSS	Complaints, Compliments and Suggestions
CWDM	Cape Winelands District Municipality
CY	Calendar Year
DEDAT	Department of Economic Development and Tourism
DGMT	DG Murray Trust
DGS	Departmental Government Strategy
DEL	Department of Employment and Labour
DHIS	District Health Information System
DLG	Department of Local Government
DOE	Department of Education
DOI	Department of Infrastructure
DPSA	Department of Public Service and Administration
DR TB	Drug-Resistant Tuberculosis
DS TB	Drug-Susceptible Tuberculosis
DSD	Department of Social Development
ECD	Early Childhood Development
EEP	Employment Equity Plan
EHWP	Employee Health and Wellness Programme
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunization
EPWP	Expanded Public Works Programme
FY	Financial Year
GBD	Global Burden of Disease
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GNU	Government of National Unity
GRPS	Global Risks Perception Survey
HbA1c	Glycated Hemoglobin
HECTIS	Hospital & Emergency Centre Tracking Information System
HEI	Higher Education Institutions
HIRA	Hazard Identification and Risk Assessments
HIV	Human Immunodeficiency Virus
HRA	Health Risk Assessments
ICD-10	International Classification of Diseases 10th Revision

ICT	Information and Communication Technology
IHME	Institute for Health Metrics and Evaluation
IMCI	Integrated Management of Childhood Illness
iMMR	in-facility Maternal Mortality Rate
IRMSA	Institute of Risk Management South Africa
IT	Information Technology
JMDA	Joint Metro and District Approach
LBPL	Lower Bound Poverty Line
LBW	Low Birth Weight
LM	Local Municipality
LMIC	Low- and Middle-Income Countries
MDR TB	Multidrug-Resistant Tuberculosis
MEC	Member of the Executive Council
MHS	Metro Health Services
MTDP	Medium Term Development Plan
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
N/A	Not Applicable / Not Available
NCD	Non-Communicable Disease
NDP	National Development Plan
NIOH	National Institute for Occupational Health
NHLS	National Health Laboratory System
OHASIS	Occupational Health and Safety Information System
OHS	Occupational Health and Safety
PCR	Polymerase Chain Reaction
PEC	Patient Experience of Care
PHC	Primary Health Care
PHDC	Provincial Health Data Centre
PHCIS	Primary Health Care Information System
PLHIV	People Living with Human Immunodeficiency Virus
PLWD	People Living with Diabetes
POCS	Police Oversight Community and Safety
Pre-XDR TB	Pre-Extensively Drug-Resistant Tuberculosis
PSIP	Provincial Strategic Implementation Plan
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
RHS	Rural Health Services
RR TB	Rifampicin-Resistant TB
SABSSM VI	Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey
SAPS	South African Police Service
SDG	Sustainable Development Goal
SDoH	Social determinants of health
SHERQ	Safety, Health, Environment, Risk and Quality
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SMME	Small, Medium and Micro Enterprises
SOP	Standard Operating Procedure
Stats SA	Statistics South Africa

STI	Sexually Transmitted Infections
TB	Tuberculosis
TEXCO	Executive Management
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
WCDM	West Coast District Municipality
WCED	Western Cape Education Department
WCG	Western Cape Government
WCDEA&DP	Western Cape Department of Environmental Affairs and Development Planning
WCDHW	Western Cape Department of Health and Wellness
WCSBS	Western Cape Stunting Baseline Survey
WCSEB	Western Cape Suppliers Evidence Bank
WHO	World Health Organization
WOGA	Whole of Government Approach
WoSA	Whole of Society Approach
XDR TB	Extensively Drug-Resistant Tuberculosis



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JUST TO SAY
WHEELCHAIR HIRE

PART A:

Our Mandate

“Very great change starts from very small conversations, held among people who care.”

Margaret Wheatley

LEGISLATIVE MANDATES

NATIONAL

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)

Provides a legal framework for the determination of a place and procedure how surgical termination of pregnancies may take place based on the choice under certain circumstances.

Criminal Procedure Act, 1977 (Act No. 51 of 1977)

Sections 212 4(a) and 212 8(a) specifically deal and provide for establishing the cause of non-natural deaths in health facilities.

Disaster Management Act, 2002 (Act No. 57 of 2002)

To provide for co-ordinated disaster management policy focusing on preventing and reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness and effective response to disasters and post-disaster recovery.

Council for Medical Schemes Levies Act, 1998 (Act No. 131 of 1998)

Regulates the functioning of the medical schemes and levies in a fair and transparent manner by protecting and informing the public about their rights, obligations and complaints raised in respect of medical scheme.

Health Professions Act, 1974 (Act No. 56 of 1974)

For the establishments of Health Professions Council of South Africa and professional boards. To provide for control over education, training and registration for and practicing of health professions registered under the Act.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)

To provide for the registration of medicines and related substances intended for human and animal use. To provide for the establishment of a Medicines Control Council.

Mental Health Care Act, 2002 (Act No. 17 of 2002)

Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

National Environmental Health Norms and Standards (Notice 1229 of 2015)

Issued in terms of Chapter 3, Section 21(2)(b)(ii) of the National Health Act, 2003, the National Environmental Health Norms and Standards for premises and acceptable Monitoring Standards for Environmental Health Practitioners outlines monitoring standards for the delivery of quality Environmental Health Services, as well as acceptable standards requirements for surveillance of premises, such as business, state-occupied premises, and for prevention of environmental conditions that may constitute a health hazard for protection of public health.

National Health Insurance Act, 2023 (Act No. 20 of 2023)

To achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution; to establish a National Health Insurance Fund and to set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the Fund on behalf of users; to create mechanisms for the equitable, effective and efficient utilisation of the resources of the Fund to meet the health needs of the population; to preclude or limit undesirable, unethical and unlawful practices in relation to the Fund and its users; and to provide for matters connected herewith.

National Roads Traffic Act (Act No. 93 of 1996)

Provides for the testing and analysis of bad driving conduct and of drunk drivers.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)

Provides for consolidating for payment and compensation in respect of certain diseases contracted by persons employed in mines and works. Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Sterilisation Act, 1998 (Act No. 44 of 1998)

Provides a legal framework and the right to sterilisations, to determine which sterilisation may be performed, circumstances under which sterilisation maybe performed on persons incapable of consenting or incompetent to consent due to including for persons with mental disability or health challenges.

PROVINCIAL

Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)

The Act provides for the regulation of the delivery of ambulance services in the province. Further, it establishes the Western Cape Ambulance Services Board and further provides for the accreditation, registration and licensing of ambulance services.

Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)

The Act provides for matters relating to district health councils as to give effect to section 31 of the National Health Act, 2003 (Act 61 of 2003). Further, it establishes district health councils in consultation with the Member of the Executive Council (MEC) responsible for local government in the province and municipal council of the relevant metropolitan or district municipality.

Western Cape District Health Councils Amendment Act, 2013

To amend the Western Cape District Health Councils Act, 2010 so as to include members of health subdistricts in a district health council determined by the MEC responsible for health with the concurrence of the Member of the Executive Council responsible for local government in the province.

Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

The Act provides for the establishment, functions and procedures of boards established for hospitals and committees established for primary health care facilities and matters incidental thereto.

Western Cape Health Care Waste Management Act, 2007 (Act No. 7 of 2007)

To detect and prevent the rendering of non-viable recognised micro-organisms, to comply with the minimum requirements for health care containers and, to comply with the minimum requirements for Waste Disposal, Hazardous Waste Management and monitoring.

Western Cape Health Service Fees Act, 2008 (Act No. 5 of 2008)

To provide for a schedule of fees to be prescribed for health services rendered in the Western Cape Province by the department and to repeal the Hospital Ordinance, 1946.

Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)

The Act provides that for the establishment of the Independent Health Complaints Committee; provide for a system for referral of complaints to the Committee for consideration and matters incidental thereto.

Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act, (Act No. 2 of 2014)

Provides for the referral and consideration of complaints, action plan and period of time for completion of process on complaints referred to the Committee.

Regulations Governing Private Health Establishments, P.N. 187/2001

The regulations provide for the licensing and accreditation of private health establishments in the Province.

Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

To regulate the management and control of financial matters of the health facility boards and committees in health establishments and primary health care centres in the Province. The regulations focus on the outputs and responsibilities dealing with investment of funds and providing financial and audited statements including asset management.

Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)

To regulate the manner and the process under which the members of the boards and committees to be nominated and how the Minister must determine how the bodies and organisations representing the communities were invited for nominations.

Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

The regulations provide for the process where the Minister determines how the process of clustering of a group of primary health care facilities where a committee is established regarding the geographical distance, between the concerned primary health facilities and the size and distribution of the population in the area.

POLICY MANDATES

INTERNATIONAL

2030 Agenda for Sustainable Development, 2015 (Goal 3)

The Agenda is a shared blueprint for peace and prosperity for people and the planet and consists of 17 Sustainable Development Goals (SDGs). The Department is committed to achieving Goal 3, Good Health and Wellbeing, with a particular focus in the next 5 years on:

- Building further on the gains we have made in reducing maternal mortality and preventable deaths under 5 years in the province;
- Further reducing the impact of the epidemics of acquired immune deficiency syndrome (AIDS) and tuberculosis (TB); and premature deaths as a consequence of non-communicable diseases (NCDs); and the impact of trauma from interpersonal violence and road traffic accidents
- Continue to promote mental health; and ensuring universal access to sexual and reproductive health care;
- Strengthening the provincial health system towards achieving Universal Health Coverage (UHC).

Global Strategy and Action Plan on Ageing and Health (2016–2030)

The United Nations (UN) Decade for Healthy Ageing 2021–2030, led by the World Health Organisation (WHO), aims to improve the lives of older persons, their families, and communities globally. It builds on the 'Global Strategy and Action Plan on Ageing and Health (2016–2030)' and the 'Madrid International Plan of Action on Ageing', aligning with Agenda 2030's Sustainable Development Goals (SDGs). The Decade focuses on changing perceptions of ageing, fostering supportive communities, providing integrated care, and ensuring access to long-term care. Addressing ageism and fostering multisectoral collaboration are crucial for improving older people's wellbeing and preparing for future ageing populations. The WHO has identified four key action areas to promote healthy ageing: 1.) Change perceptions and attitudes towards ageing, 2.) Foster communities that support older people's abilities, 3.) Provide person-centred, integrated care and primary health services for older people, and 4.) Ensure access to long-term care for those who need it.

These areas are interconnected and require addressing ageism in all policies and practices. Collaboration across various sectors and levels of government, along with civil society and private sector involvement, is essential. The specific actions will depend on the context, aiming to improve the wellbeing of older people and prepare for future ageing populations.

Political Declaration of the United Nations High-Level Meeting on UHC, UN UHC Statement, 2019

The political declaration adopted by the UN General Assembly on UHC reaffirmed that health is a precondition for, and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and strongly recommits to achieving UHC by 2030. It is viewed as fundamental for achieving the sustainable development goals not only for health and wellbeing but also to eradicate poverty, ensuring quality education, achieving gender equality and women's empowerment, providing decent work and economic growth, reducing inequalities, ensuring just, peaceful and inclusive societies and fostering partnerships. While reaching the SDG goals and targets is considered critical for the attainment of a healthier world for all, with a focus on health outcomes throughout life; and stressing the need for a comprehensive, people-centred approach. The Declaration also reaffirmed the assembly's previous political commitments on ending AIDS, tackling antimicrobial resistance, ending tuberculosis and the prevention and control of non-communicable diseases. The declaration further recognized that UHC implies that all people have access, without discrimination, to nationally determined sets of needed essential promotive, preventive, curative, rehabilitative and palliative services; and safe, affordable, effective and quality medicines and vaccines. This access should not expose people to financial hardship, in particular the poor, vulnerable and marginalized segments of the population.

NATIONAL

National Development Plan (NDP), 2012

The NDP is a broad strategic framework, which sets out a coherent and inclusive approach to the elimination of poverty and reduction of inequality by 2030, based on the following 6 priorities:

- Uniting South Africans around a common programme
- Citizens active in their own development
- Fast and more inclusive economic growth
- Building capabilities
- A capable and developmental state
- Leadership and responsibility throughout society

Of particular relevance to the Department is the 'Building capabilities' priority, as it identifies health as a critical human capability and sets out a vision of a health system capable of providing quality health care for all.

Medium Term Development Plan (MTDP) 2024/29

The Medium Term Development Plan (MTDP) 2024-2029 serves as the five-year strategic plan for South Africa's 7th Administration under the Government of National Unity (GNU), formed following the 29 May 2024 general elections. It acts as the implementation framework for the National Development Plan (NDP): Vision 2030, aligning with its goals while emphasizing development outcomes and economic growth. The MTDP replaces the Medium Term Strategic Framework (MTSF) and is designed to focus on fewer, high-impact interventions to drive measurable results. It was approved by Cabinet Lekgotla on 29 January 2025 and is structured around three core strategic priorities:

1. Inclusive growth & job creation (Apex priority) – driving economic interventions across all spheres of government.
2. Reducing poverty & tackling the high cost of living – ensuring social protection and economic inclusion.
3. Building a capable, ethical & developmental state – enhancing governance, law and order, and enabling infrastructure.

The Western Cape Government (WCG) aligns its strategies with the MTDP's priorities while maintaining its own provincial mandates through the Provincial Strategic Plan (PSP) and the Provincial Strategic Implementation Plan (PSIP).

- Economic Growth & Job Creation: WCG will contribute through provincial economic policies, investment attraction, skills development, and infrastructure projects that support the national focus on inclusive growth.
- Poverty Reduction & Social Interventions: WCG's social development programs, health initiatives, and education reforms will align with the national emphasis on lowering the cost of living.
- Building a Capable State: The WCG's governance innovation, service delivery efficiency, and regulatory frameworks will support the national goal of strengthening institutional capacity and ethical leadership.

The Department has aligned its plans with the impact statement '**A more equal society where no person lives in poverty; A cohesive and united nation**' under the second strategic priority; with specific reference to the following outcomes

- improved access to affordable and quality healthcare;
- equitable distribution of health professionals to health facilities;
- life expectancy improved to 70 years; and
- mental health care integrated in primary health care.

PROVINCIAL

2025-2030 Provincial Strategic Plan (PSP), 2024

The '2025-2030 Provincial Strategic Plan (PSP)' sets out the WCG's strategic priorities and goals for the next five years. It provides overarching direction for government action, focusing on people-centred outcomes that drive meaningful change for residents.

Overview of Provincial Strategic Plan 2025-2030

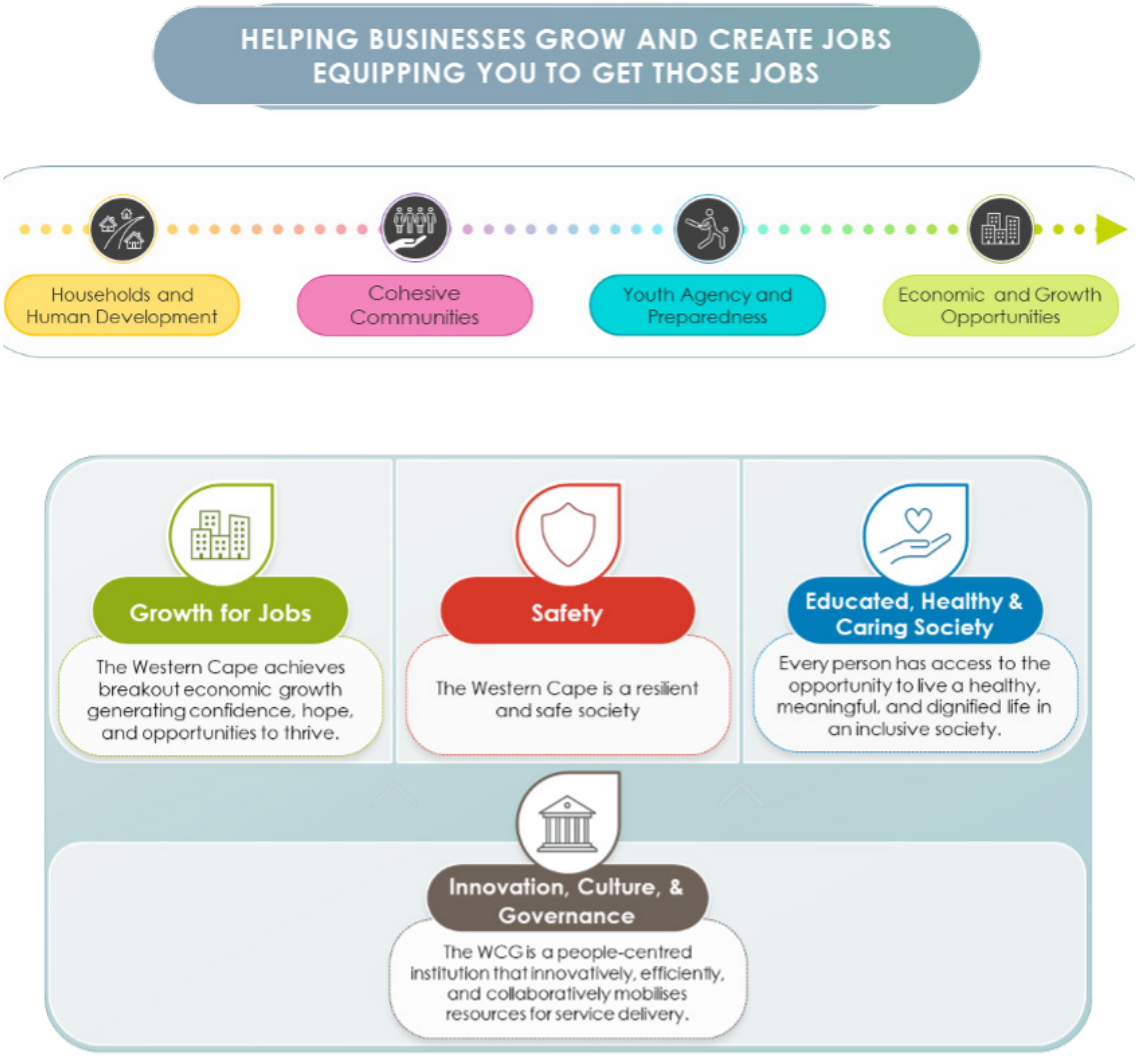


Figure 1: Overview of the Provincial Strategic Plan 2025-2030

Provincial Portfolios

The implementation of the PSP is driven by four Provincial portfolios (see box 1). The portfolios are clusters of Departments that provide strategic direction and coordinate efforts to implement programmes aligned with the Western Cape Government's key priorities. These priorities span economic, safety, social, and institutional policy domains.

The portfolios monitor and steer high-priority projects and programmes, ensuring a cohesive and coordinated approach to achieving shared outcomes. Each Department contributes to one or more portfolios by implementing targeted interventions that support the intended impact of that portfolio.

Box 1: Strategic Portfolios

Integrated Impact Areas

To maximise the effectiveness of government interventions, the PSP follows a life course and systems approach. This means that policies and programmes consider the needs and responsibilities of residents from childhood to old age, ensuring government services are structured accordingly, figure 2

The PSP promotes an integrated approach where Departments and entities work together towards the Integrated Impact outlined for each of the four areas of the life course, see box 2.

Box 2: Intergrated Impact Areas

In addition, two transversal areas address broader structural and environmental factors that shape service delivery and enable people along the entire life course, see box 3.

Box 3: Transversal Impact Areas

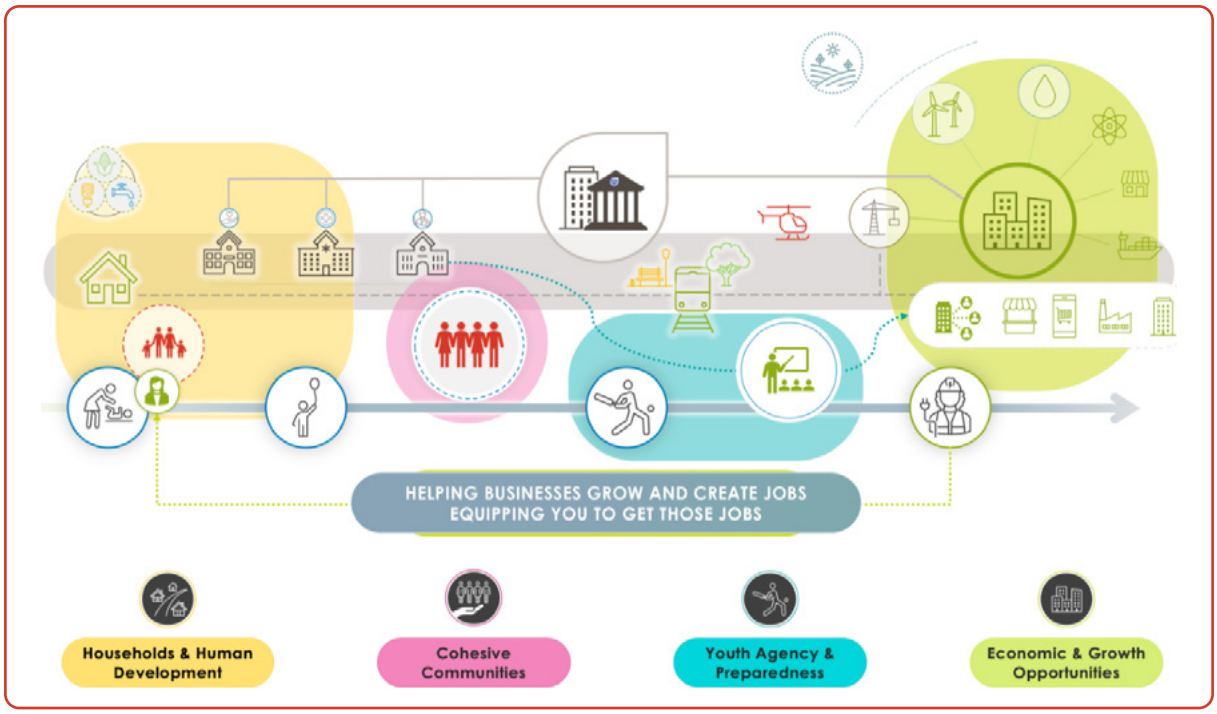


Figure 2: Integrated Impact Areas

Department's Alignment with PSP Focus Areas

The PSP outlines key focus areas that align with its Portfolios and Integrated Impact Areas. Each department aligns its Strategic Plan with these focus areas to ensure a coordinated approach to achieving provincial priorities. Key focus areas for the Department of Health and Wellness are included in box 4.

Through the focus areas, the Department contributes to integrated impact in Households and Human Development, Cohesive Communities, Youth Agency and Preparedness, Resource Resilience, and Spatial Transformation, Infrastructure, and Mobility.

Safety

- Integrated Violence Prevention
- Safe and Secure Communities and Infrastructure

Educated, Healthy & Caring Society

- Improved Child Wellbeing
- Increased Youth Resilience, Civic, Educational and Economic Participation
- Increased Wellbeing and Agency of Adults and Older Persons
- Improved Spatial Transformation and Social Infrastructure
- Effective Approach to One Health and Disaster Management

Innovation, Culture, & Governance

- Innovation
- Culture and People-Centred Delivery
- Ease of Doing Government

Box 4: Key focus areas for the Department of Health and Wellness

Healthcare 2030 – The Road to Wellness, 2014

Healthcare 2030 was endorsed by the Provincial Cabinet of the Western Cape Government in 2014, signalling the third wave of health care reform in the province since 1994. The document outlines the Department's vision for the health system and provides a strategic framework to direct developments in the public health sector up to the year 2030. Healthcare 2030 is intended to enhance the health systems responsiveness to people's needs and expectations; with careful consideration given to person-centredness, integrated care provisioning, continuity of care and the life course approach, and ultimately achieve UHC.

Emerging 2050 Strategic Framework

Our Emerging 2050 Strategic Framework, with our 2025-2030 public value proposition 'Thriving together with the natural world' in focus, sets out how to transform our approach to health and wellbeing. It considers how to learn from nature and how it elegantly navigates complexity with creativity and resilience. In recognising our organisations and communities as dynamic, self-organising living systems, we can cultivate fertile conditions to enable life to thrive. Our approach thinks holistically about wellbeing and its wider determinants, is human-centred – treating people as co-creators of wellbeing, sees the health of humans, animals and ecosystems as vital to wellbeing creation and actively seeks to optimise the benefits of community assets

Provincial government's strategic intent is to provide a vehicle to drive forward integration opportunities and collaborative approaches to working together with cross sector leadership, to ensure our current and future wellbeing challenges are tackled through whole-of-government and transversal, public policy responses. It is within this context of transformative change that the Department seeks to support people across the life course to enable children and young people to '**start well**', working-age people to '**live well**' and older people to '**age well**', through geographically defined service delivery ecosystems. A provincial public health system that is '**run well**' means using our resources wisely (being prudent); to get the best possible outcomes (doing what works); and experience (doing what matters) for the population we serve; we all have a part to play. Figure 3 captures the health system reforms that anchor the public value propositions of start well, live well, age well and run well.

The social dimensions of disease, highlights the need for integration and continuity of care coupled with more comprehensive and person-centred approaches to service delivery. This necessitates a re-think of 'what' and 'how' services are provided as care systems would need to span a range of risks and illnesses; recognize people as partners in managing their own health and that of the broader community; and re-orientate care around people's needs and expectations, making them more socially relevant to produce better health outcomes. Action in this area is focused on making health services more people-centric with greater capability for prevention and health promotion; delivered by close-to-user interdisciplinary teams, responsible for a defined geographical area. **Service delivery reforms** are thus primarily concerned with re-designing services to ensure the provision of the right care, at the right time, in the right place, for the right price, in creating a health system that puts people first.

The health system's ability to absorb, adapt and transform in the face of adversity is contingent on its ability to anticipate and cope with uncertainty; and to build legitimate institutions that are socially acceptable and contextually adaptable. Good governance is thus a powerful resilience advantage as it shapes the ability of the health system to cope with the everyday challenges of providing health services. It requires health governance actors to exercise ethical and effective leadership, to achieve the governance outcomes of an ethical culture, good performance, effective organisational control and legitimacy. **Governance reforms** are centred around re-designing governance systems to nurture ethical decision-making that is rooted in shared purpose and values.

UHC necessitates paradigm shifts in the structuring and processes of the health system which requires new patterns of interaction within the health system itself, with other agencies, service users and/or citizens. A shift is required from state-centred models to a collaborative in which governance is co-created by a wide range of actors for health, both within and outside of

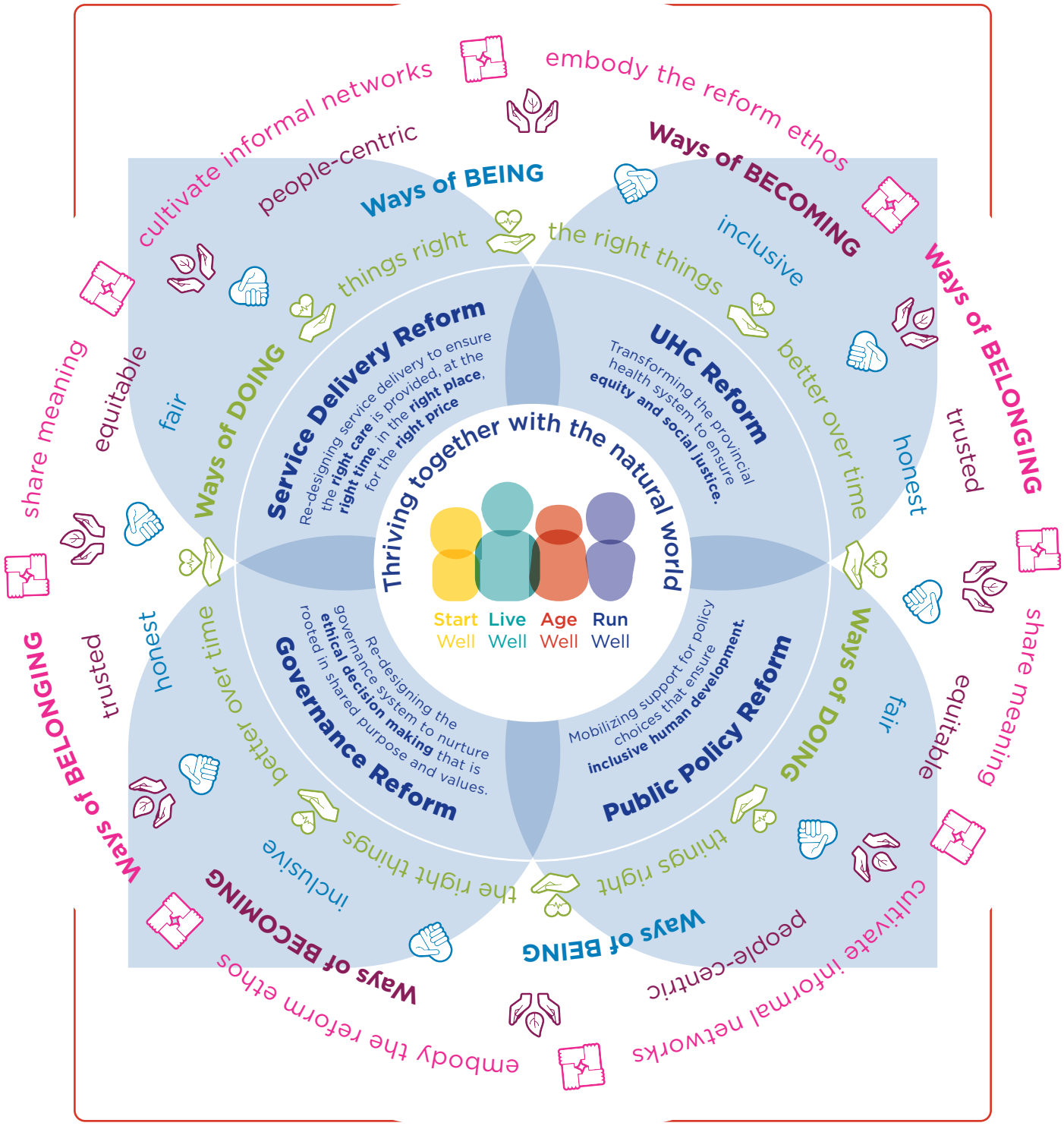


Figure 3: Emerging 2050 Strategic Framework

government structures. This necessitates **UHC reforms** that transforms the provincial health system to ensure equity and social justice.

People want to live, work, learn and socialize in communities and environments which secure and promote their health and wellbeing. This calls for a whole of government, whole of society approach with a social compact to build the health resilience and support the wellbeing of people by positively influencing environmental and personal factors. **Public policy reforms** are thus concerned with mobilizing support for policy choices that ensure inclusive human development.

The Department has also identified a set of organizational reforms specifically focused on the ***ways of doing***, doing things rights, doing the right things, and doing better over time, our actioning capabilities; ***ways of being*** inclusive, honest and fair, our connecting capabilities; ***ways of becoming***, trusted, equitable, and people-centric, our learning capabilities; and ***ways of belonging***, sharing meaning, cultivating informal networks, and embodying the reform ethos, our aligning capabilities. These capabilities are necessary if the Department is to co-create meaningful social change with other government departments, civil society, the private sector, Higher Education Institutions (HEIs), and the people of the province.

In short, the structures and processes designed to meet our current and future wellbeing challenges need a fundamental re-think as demand rises and outcomes deteriorate. Our 5-year public value propositions are a further iteration of the health reform journey we've been on since 1994. Wellbeing challenges vary for each age group, as such our health service priorities over the short to Medium Term are focused on drivers of the disease burden for children and young people, working-age adults and older people. While our health system priority focuses on preparing for UHC, enhancing technical efficiencies, ensuring a capable workforce and improved access to care. Ongoing reflections and learnings have informed the waves of health reform over this period and provided a basis for continuous improvement. Healthcare 2030 remains our compass, and we are committed to placing people at the heart of the health system, not just the people we serve but also those we employ.

RELEVANT COURT RULINGS

There are no new court rulings that have a significant, ongoing impact on operations or service delivery obligations of the Department.

PART B:

Our Strategic Focus

We're being summoned by the world itself to make many urgent changes to the human project, but most central is a fundamental re-visioning and reshaping of ourselves, a shift in consciousness.

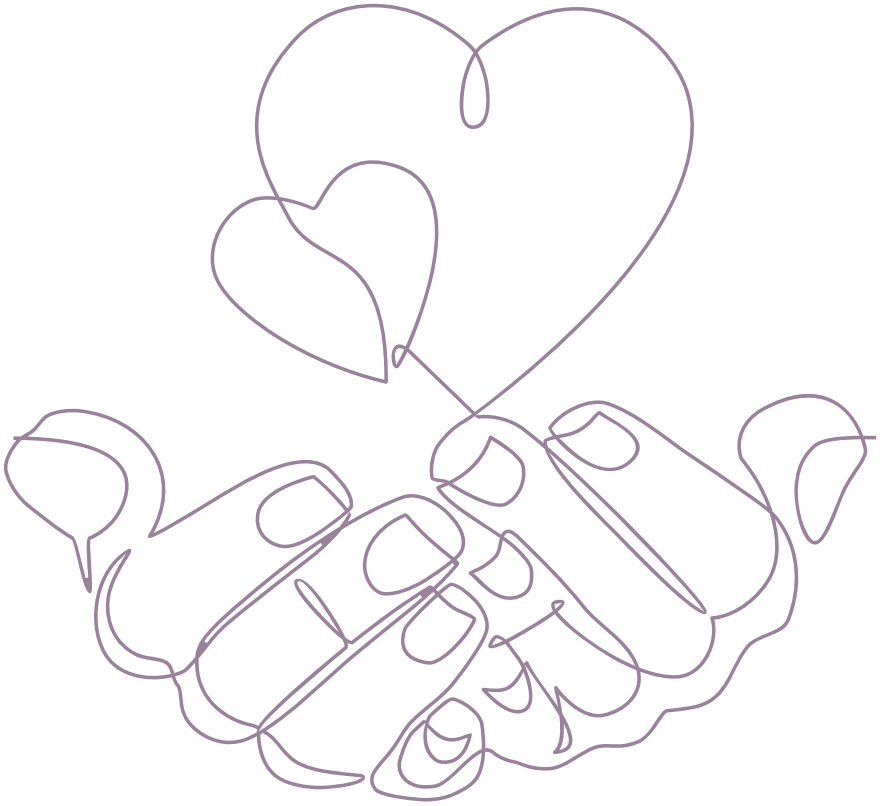
Bill Plotkin

VISION

Access to person-centred quality care.

MISSION

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well-managed health system to the people of the Western Cape and beyond.



VALUES

- Innovation
- Caring
- Competence
- Accountability
- Integrity
- Responsiveness
- Respect

SITUATIONAL ANALYSIS

EXTERNAL ENVIRONMENT

ABOUT THE WESTERN CAPE

The Western Cape is in the country's southern tip and comprises six districts. Cape Town is the capital of the province and the second most populous city in South Africa. The Western Cape's population growth, trailing only Gauteng, is primarily fuelled by in-migration, both of younger, often highly motivated work seekers and mid-career "semi-grators" and retirees. The province's consistently stable governance platform and service delivery, particularly in water supply, acts as a major draw. With a notable increase in young workers and a growing elderly population, strategic planning to respond to the specific needs of each cohort becomes critical.[1]

Understanding the environment

Population demographics

South Africa has nine provinces with vastly different natural and socioeconomic landscapes. As per Census 2022, the country has 62 million citizens, 48% of which are male and 52% female. The number of citizens in the Western Cape (7 433 019) accounted for 11.88% of the total population of the country, with similar male (48.5%) and female (51.5%) distribution as seen nationally. The Western Cape is the province with the third highest percentage distribution of the population after Gauteng and Kwazulu-Natal. Figure 4 illustrates the population distribution by gender between 1996 and 2022.[2]

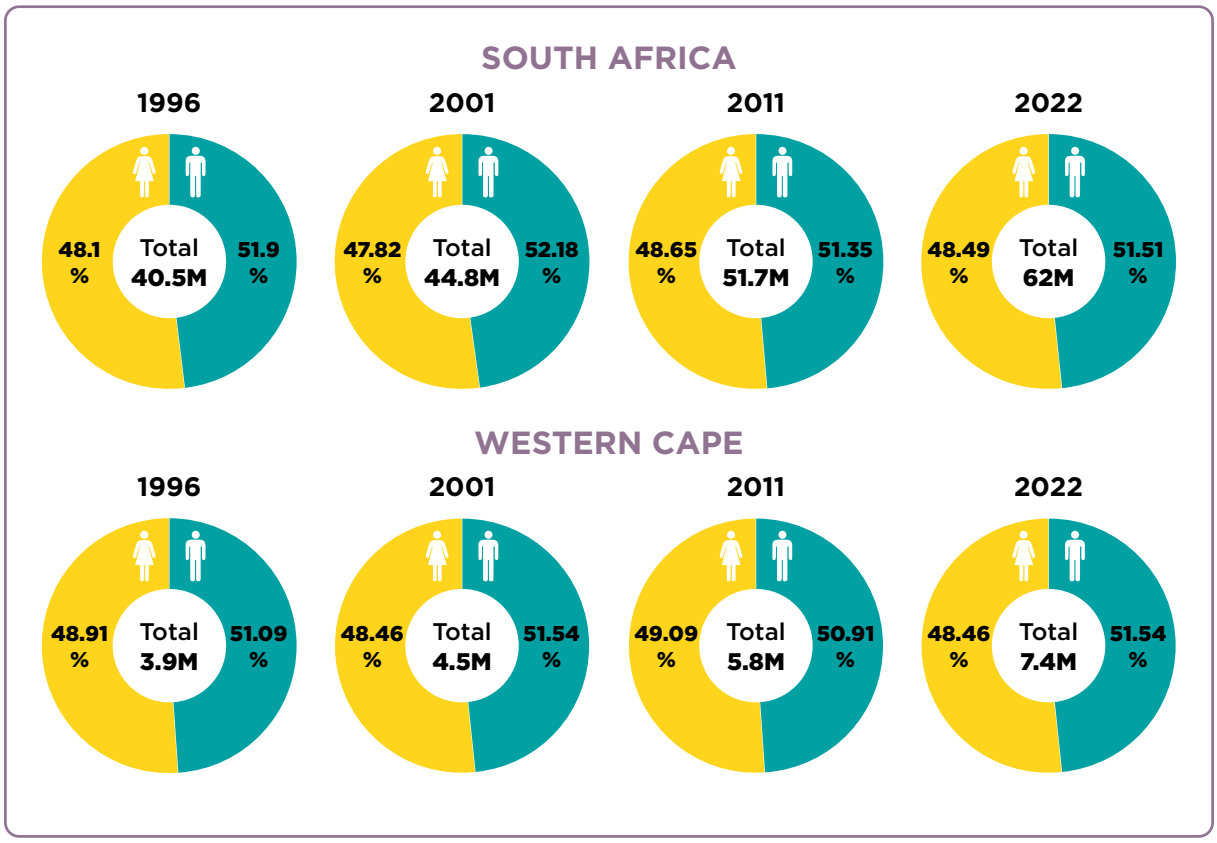


Figure 4: Distribution of Population by Gender, Census 1996-2022[2]

It is evident that the national population continues to grow. Between 2011 and 2022, the South African population grew by 19.8% while the population of the Western Cape grew by 27.7% (the highest growth seen amongst the nine provinces).[2] Some of the key factors influencing population growth rates include fertility rate, mortality rate, net migration, and life expectancy. The Western Cape's population growth is primarily fuelled by in-migration. Figure 5 highlights that net in-migration is a significant driver of population growth in the Western Cape. Gauteng and Western Cape provinces received the highest number of in-migrants, while the Eastern Cape and Limpopo provinces experienced the largest outflow of migrants. It is estimated that between 2022 and 2026, net migration will account for 51.2% of the total population growth in the Western Cape.[3]

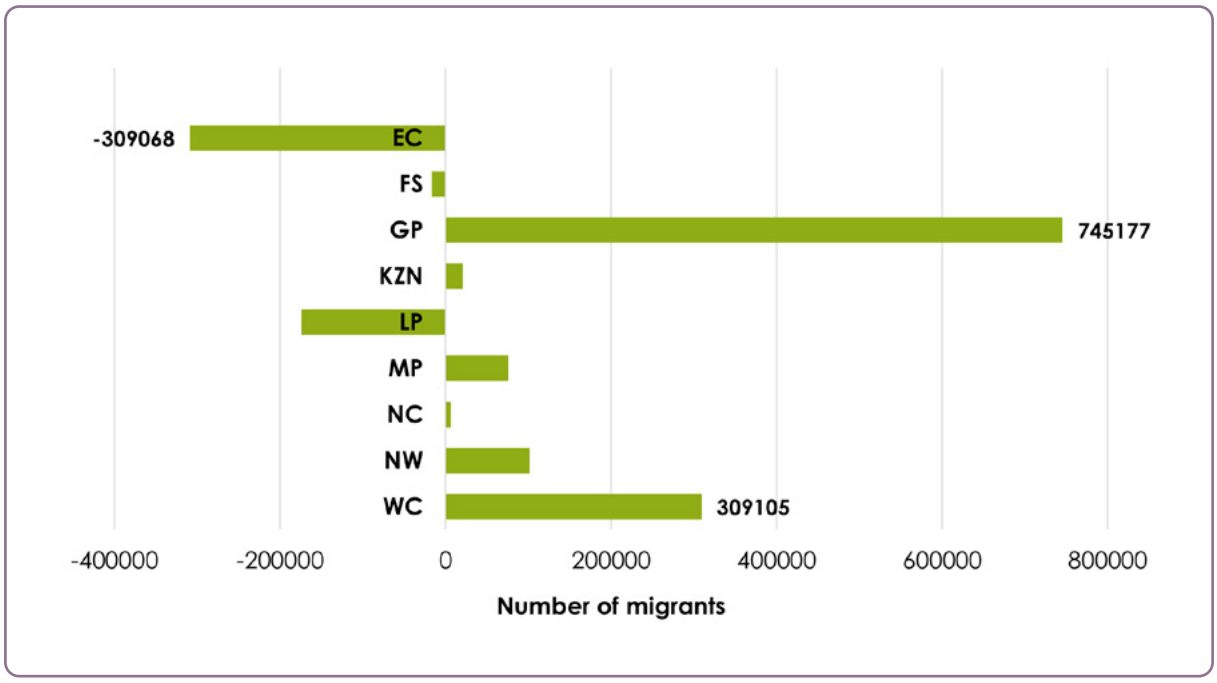


Figure 5: Estimated Net Migration by Province, 2021-2026[4]

Fertility rate also influences population growth. Total fertility rates have declined across all provinces (Figure 6), due to several factors. During the periods 2016 - 2021 and 2021 - 2026, total fertility rates in the Western Cape and Gauteng dipped below the replacement level of 2.1, signalling potential population decline and an aging demographic in these provinces. This shift leads to higher dependency ratios, with fewer working-age individuals to support a growing elderly population. A primary driver of declining fertility is increased educational attainment, particularly among women, which results in delayed childbirth and smaller family sizes. Additionally, economic factors, such as the rising costs of child-rearing and the necessity for dual-income households, further contribute to this trend.[3]

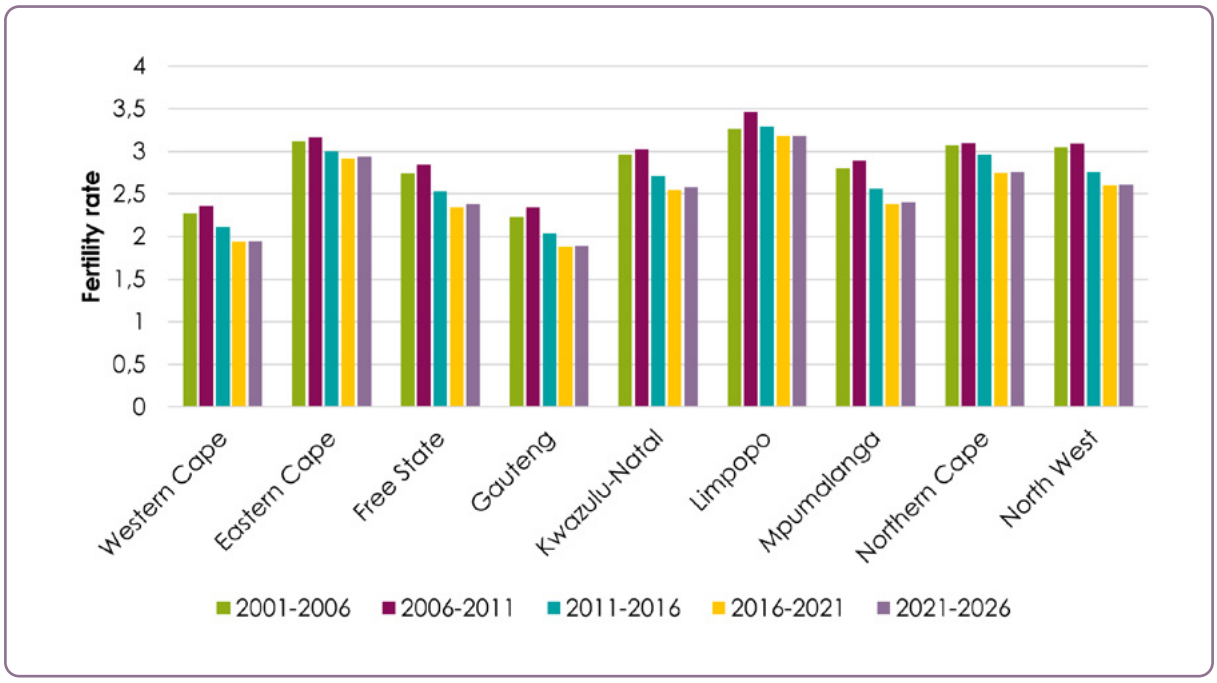
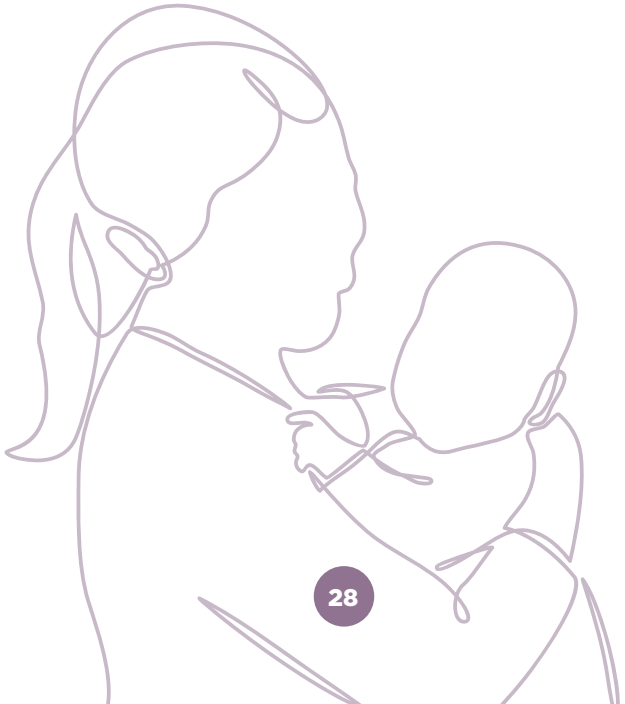


Figure 6: Total fertility Rate by Province, 2001-2026[4]



Figures 7 and 8 presents the age pyramids for the Western Cape and South Africa, offering a visual snapshot of the age and gender distribution in 2024. The population pyramids for the Western Cape and South Africa reveal distinct demographic patterns. The Western Cape's pyramid is more rectangular, indicating a balanced age distribution with lower birth rates and a significant proportion of individuals in the 30 - 39 age range, suggesting an aging population. In contrast, South Africa's pyramid is more triangular, with a broader base, reflecting higher birth rates and a younger population overall. The Western Cape appears to be aging faster, while South Africa's population is characterised by a larger proportion of younger individuals, indicating a higher population growth rate.[3]

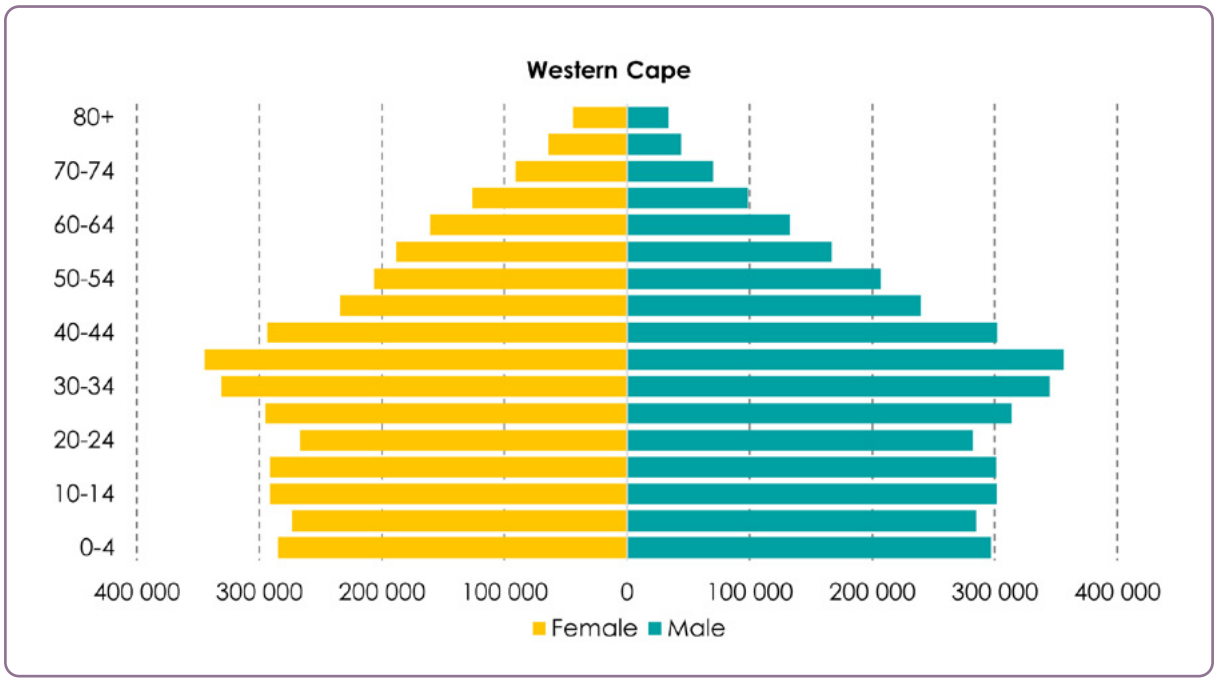


Figure 7: Western Cape Age Pyramid, 2024 Population Estimate[4]

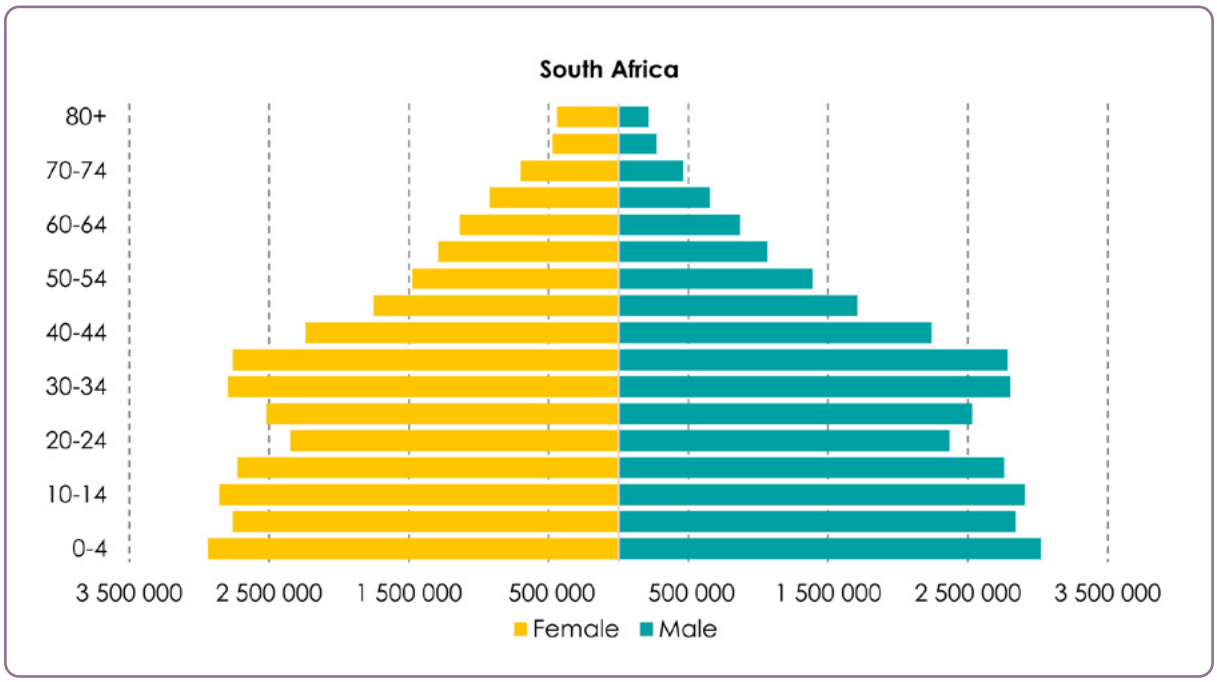


Figure 8: National Age Pyramid, 2024 Population Estimate[4]

Figure 9 reveals a relatively stable distribution across three key age groups in the Western Cape: youth (5 - 19 years), elderly (60+ years), and the rest of the population. The portion of youth consistently form the largest segment, comprising approximately half of the total population, though showing a notable decline. The declining portion of the youth segment is in contrast to the expanding elderly segment (2.2% points) of the Western Cape's population over the same period.

The growing elderly population in South Africa strains healthcare, reducing Gross Domestic Product (GDP) growth by 0.08% for each 1% increase in the healthcare burden. It also shrinks the workforce, lowering productivity and impacting financial systems, as seen in countries like Germany and the United States. This demographic shift pressures social security and pension systems, requiring reforms for sustainability. This presents opportunities for innovation in healthcare and social services, particularly in the wellness and elderly care sectors.[3]

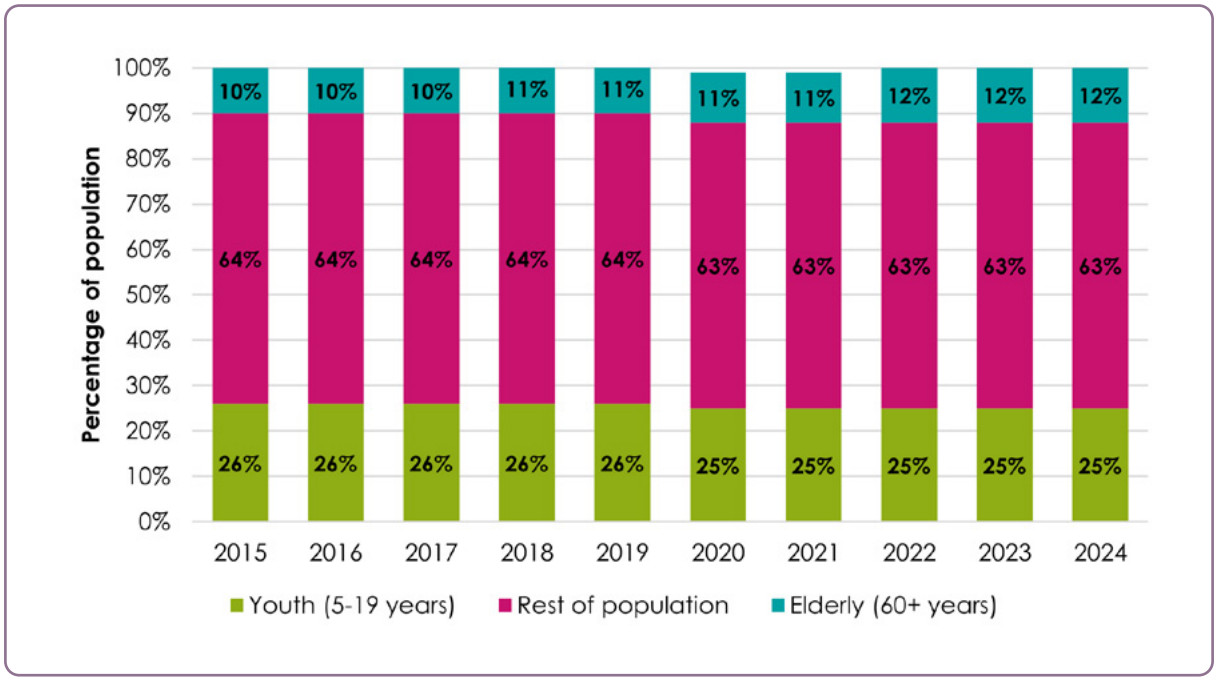


Figure 9: Western Cape Share of Age Groups (Youth, Elderly, Rest of Population) to Total Population, 2015 – 2024[4]

Figure 10 illustrates the increasing life expectancy of citizens of the Western Cape between 2001 and 2027.[2] Understanding life expectancy offers insights into health status, the disease burden of the population, and the impact of resource allocations. The rising elderly demographic highlights the importance of enhanced healthcare infrastructure and personnel.

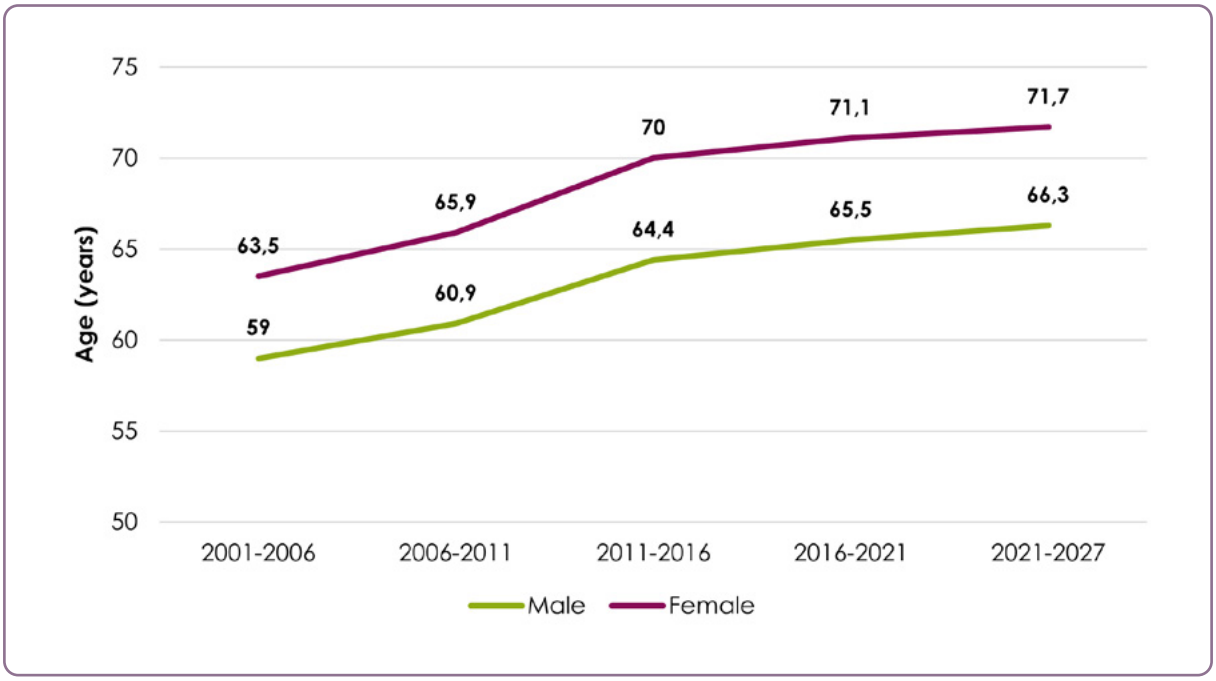


Figure 10: Life Expectancy in the Western Cape, 2001-2027[2]

Population growth holds significant implications for provincial funding and resource allocations, given that the distribution of Provincial Equitable Share funding, a vital source of funding for essential services, is influenced by population size. Key factors such as population growth, age distribution, and migration patterns significantly affect economic performance and social outcomes. Comprehending population trends is paramount for policymakers, researchers, and economists striving to navigate the nation's ever-evolving social and economic landscape. Supporting a growing population in a sustainable manner requires substantial investments in the required infrastructure and services.[1]

Living environment

As the Western Cape grows, the availability of affordable housing has become a critical concern. Population growth and urbansation has led to the rapid growth of informal settlements, particularly in urban areas. In 2022, the Western Cape had a higher portion of informal dwellings compared to the rest of South Africa. However, between 2013 and 2022, the portion of informal dwellings in the Western Cape decreased by 6.3% to reach 11.8% of total dwellings in 2022.[3] The ongoing challenge of providing affordable housing to low-income households on well-located land remains unsolved. There is a broad consensus on the need for more integrated settlements (offering access to public and social services, and livelihood opportunities) and for improving densification along transport networks.

Learning environment

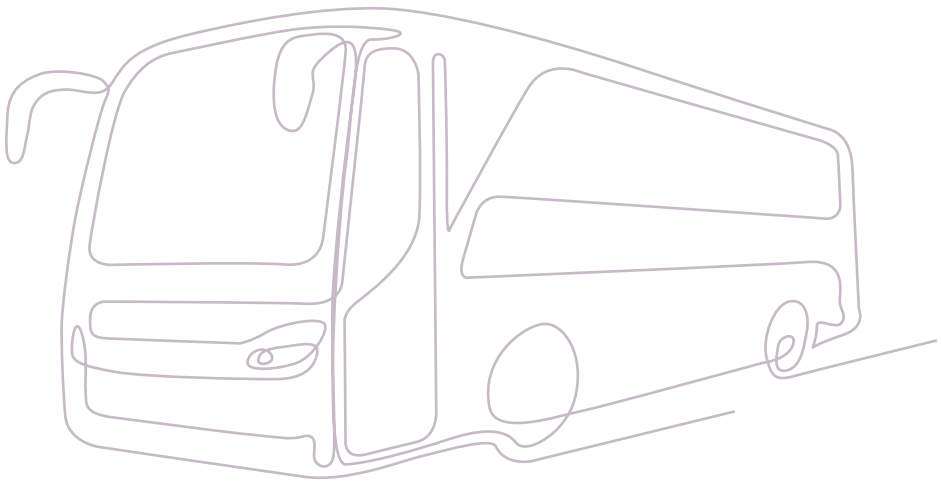
Challenges within the Western Cape education sector persist, such as overcrowded classrooms, inadequate infrastructure, and a shortage of qualified employed teachers, exacerbated by limited financial resources. Over the last decade (2014 - 2023), the Western Cape has seen a marginal net increase of 0.4% in the number of schools, alongside a substantial 19.0% increase in the number of learners. The infrastructure deficit in the education sector across the Western Cape presents a formidable barrier to achieving educational equity. Therefore, the Rapid School Build programme, an approximately R2.549 billion investment in school infrastructure, will go a long way to providing new schools over the 2024 MTEF. The growing learner population, which has outpaced the development of educational facilities, has resulted in overcrowded classrooms.[3]

Transportation

Approximately 30% of people in the Western Cape use public transport to get to work. The public transport system is comprised of passenger rail, minibus taxis, and bus services. Collectively, these services account for nearly 2 million daily passenger trips to work, school, hospitals and other essential destinations. Despite the importance of public transport in the province, the sector faces serious challenges. Rail was once the backbone of public transport, providing over 600 000 passenger trips daily. However, due to years of underinvestment and vandalism, ridership has declined to fewer than 50 000 trips per day and key rail lines are non-operational. While there have been some improvements, the rail service remains severely constrained, and it will take years before it will be able to function as the backbone of public transport in the Western Cape again. With the decline of rail, passengers have had to shift to road-based modes. Those who can afford to are now using private vehicles, whose mode share increased by 10% between 2013 and 2020.

Road congestion is worse than ever, impacting on the growth, effectiveness, and competitiveness of the economy. According to the 2023 INRIX Global Traffic Scorecard, traffic congestion in Cape Town ranks amongst the worst in the world. This index placed Cape Town 9th most congested out of 100 urban areas. The 2023 TomTom Traffic Index revealed that Cape Town has the second-worst congestion in Africa after Cairo, Egypt. The impact of carbon emissions on the natural environment by road-based transport is another major concern.

Those who cannot afford private transport have mainly shifted to minibus taxis, which are now the primary mode of public transport in the province. Minibus taxis are available throughout the Western Cape and provide 1.5 million passenger trips per day. In most rural areas, minibus taxis are the only mode of public transport available. However, this informal mode derives its income solely from fare revenue. This leads to higher fares for passengers, reckless driving to chase fares, and poorly maintained vehicles.[3]



Understanding the economic context

The global economic arena faces slow growth, soaring inflation, and burgeoning debts, compounded by supply chain disruptions, geopolitical tensions, and environmental concerns. The International Monetary Fund's July 2023 projection forecasts global growth to drop from 3.5% in 2022 to 3.0% in 2023 and 2024, influenced by central banks combating inflation. After posting a relatively strong recovery (4.7%) in 2021, the South African economy reverted to mediocre growth (1.9%) in 2022. The forecasted growth for 2023 is 0.5% and 1.8% for 2024. Several factors contributed to this lacklustre growth path, including the impact of Russia's war in Ukraine and monetary policy tightening as a result of rapidly rising inflation. While there has been a steady increase in GDP per capita following a dip in 2020, it remains 5.7% below the 2013 level of R80 589 per capita. The country's economic prospects are further constrained by limited fiscal space, rising debt levels, higher debt servicing costs, longstanding rigidities in the labour markets, and governance and corruption vulnerabilities. The long running energy crisis is also undermining the recovery of South Africa's economy.[3]

Locally, the Western Cape's decade-long economic growth has been moderate but consistent, driven by sectors like Finance and Agriculture. The province is rich in agriculture and fisheries, its climate in the peninsula and the mountainous region beyond it is ideal for grape cultivation, with many vineyards producing excellent wines. Other fruit and vegetables are also grown here, and wheat is an important crop to the north and east of Cape Town. Fishing is the most important industry along the West Coast and sheep farming is the mainstay of the Karoo. The province has a well-established industrial and business base. Sectors such as finance, real estate, Information and Communications Technology (ICT), retail and tourism have shown substantial growth and are the main contributors to the regional economy. Over the ten years, the Western Cape economy has expanded by 11.1%, or at an average annual growth rate of 1.1%. The Western Cape expanded its contribution to the national GDP by 0.1 percentage points, reaching 14.3%. However, there has been a consistent decrease in real GDP per capita in the Western Cape from 2013 to 2022, implying that population growth in the region has outpaced real GDP expansion, potentially leading to a severe decline in the standard of living for certain segments of the population.

Figure 11 illustrates changes in the Gini coefficient, a measure of income inequality, across South Africa, the Western Cape and its regions, over the years 2002, 2012, and 2022. The Western Cape shows a slight decline in income inequality over this period, with the Gini coefficient declining from 0.66 in 2002 to 0.59 in 2022. This suggests that income distribution in the Western Cape has become more equal, a trend observed in all municipal districts as well. Notably, areas like the Central Karoo and the Overberg have lower Gini coefficients, indicating relatively lower income disparities.[1]

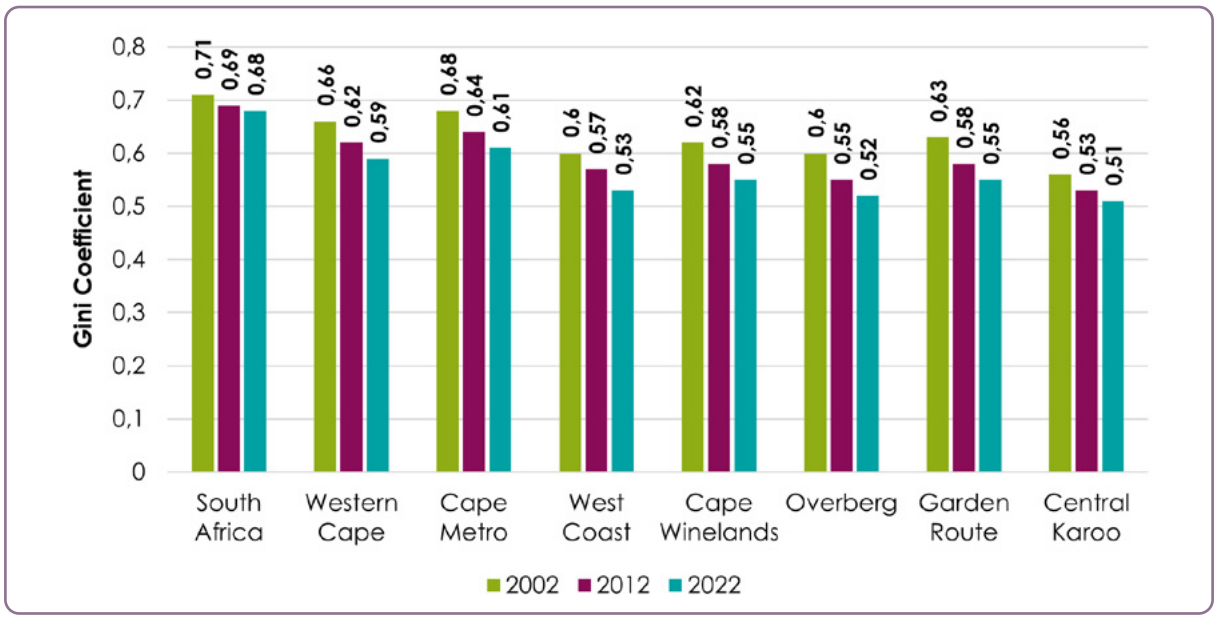


Figure 11: Gini Coefficient for South Africa and the Western Cape by District, 2002-2022[1]

The World Bank report, Overcoming Poverty and Inequality in South Africa[5], highlights key factors perpetuating poverty and inequality in the country, including the enduring legacy of apartheid, high unemployment, wage disparities, and inadequate education. Spatial inequalities and unequal access to services further intensify these challenges. Despite a comprehensive social protection system, structural economic constraints and governance inefficiencies continue to impede progress.

However, the report also identifies opportunities to address these issues. Economic diversification, particularly through support for small, medium and micro enterprises (SMME) and agriculture, along with investments in education and health, are critical for fostering inclusive growth. The Western Cape, with its relatively strong economy and governance, is well-positioned to leverage its tourism and agricultural sectors for poverty alleviation. The Western Cape Growth for Jobs Strategy 2023-2035 aims to drive growth opportunities through investment, premised on a recognition that the private sector creates jobs, and the state needs to stimulate market growth. Integrated urban planning could also play a significant role in reducing spatial inequalities.[3]

Overall, the Province faces mounting pressure from lacklustre global and national economic growth. This stagnant landscape has driven sharp decreases in tax collections, resulting in potential cutbacks in the national budget allocations for the Western Cape. Compounded by increased in-migration and rising social demands, the WCG stands at a crossroads. This economic stress is exacerbated by national challenges like a crippling electricity crisis, a defunct public railway system, and sluggish port operations. Without decisive action it is likely that the previous decade's tepid economic growth may persist. Given these factors, the WCG must brace for tightened budgets and surging service delivery demands. Simply put, the WCG must innovate in order to "do more with less", and to do so in practical partnerships with communities and businesses across the province.[3]

Understanding the provincial health system

Access to quality public health care is a fundamental human right and is crucial for the wellbeing and productivity of a population. South Africa's healthcare policy promotes equity, inclusivity, and social justice, guided by the constitutional right to access healthcare services. The South African government spends approximately 5% of the GDP on health, with a total of 14% of all government expenditure being towards health. Strategies are constantly developed to expand coverage, improve service quality, and combat diseases. South Africa spends more on health than any other African country, however studies suggest that improvements in health outcomes are not proportional to the amount spent.[6]

Public and private health care

Many studies have recorded inequities in health service delivery and utilisation between urban and rural settings and across various racial groups—and by inference, across the province, which differ in terms of socio-demographics and geography.[6] A stark contrast can be observed between service delivery in the public versus private sectors in South Africa. In 2019, the annual per capita expenditure in the private sector (through medical schemes) was R22 891 whilst the per capita expenditure in the public sector was only R4 667. Currently, 85% of the South African population is dependent on the public health system while only 15% of the population use the private health system.[7]

Service delivery platform

The Western Cape health system has a total of 561 service points as outlined in table 1.

Table 1: Western Cape Health Service Delivery Platform (Sourced from Sinjani as at 27/01/2025)

	Metro			Rural					Grand Total
	City of Cape Town (CCT) District			Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District	
	CCT Health	WCG Health	TOTAL						
Mobile Service	3	4	7	28	7	20	14	15	91
Health Post	8		8			1			9
Satellite Clinic	15	2	17	4	3	15	8	23	70
Special Clinic	4		4	1					5
Dental Clinic		7	7	1		1			9
Reproductive Health Centre		2	2						2
Clinic	53		53	40	8	33	17	26	177
Community Day Centre	14	36	50	5	1	7	1	1	65
Community Health Centre		10	10				1		11
Transitional Care		1	1		1				2
District Hospital		8	8	4	4	6	4	7	33
Regional Hospital		2	2	2		1			5
National Central Hospital		2	2						2
Tertiary Hospital		1	1						1
Specialised Oral Health Centre		2	2						2
Specialised Psychiatric Hospital		4	4						4
Specialised Rehabilitation Hospital		1	1						1
Specialised Rehabilitation Unit		1	1						1
Specialised TB Hospital		2	2	1		1		2	6
Emergency Medical Services (EMS) Station		4	4	10	5	11	8	11	49
Forensic Pathology Service		2	2	3	2	5	1	3	16
Grand Total	**97**	**91**	**188**	**99**	**31**	**101**	**54**	**88**	**561**

ABOUT THE WIDER DETERMINANTS

Environmental, social, economic and other non-medical factors play a large role in shaping health status. These factors have been found to account for 80 to 90% of a person's health outcomes. Social determinants of health (SDoH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[8] SDoH can be grouped according to the five domains in Centers for Disease Control and Prevention's (CDC) Healthy People framework: healthcare access and quality; education access and quality; social and community context; economic stability; and neighbourhood and built environment (figure 12).[9]

Unfortunately, the public health system bears the brunt of many societal ills. The daily reality for many Western Cape citizens is inequity, exposure to violent crime and unemployment. The next section outlines key issues in the environment in which the Western Cape Department of Health and Wellness (WCDHW) carries out its work and how it impacts the health and wellness of citizens.

Economic stability

Individuals with stable employment are less likely to experience poverty and more likely to maintain good health. However, many face challenges in securing and sustaining employment. Those with disabilities or injuries may encounter particular limitations in their ability to work. Furthermore, numerous individuals with consistent employment still do not earn sufficient income to afford the essentials required for a healthy life.

As of the second quarter of 2024, South Africa faced a daunting unemployment rate of 33.5%, ranking among the world's most severe. The Western Cape fares better with an unemployment rate of 22.2%. However, like the trend observed across South Africa, the Western Cape experienced an increase in unemployment rates among all major cohorts, most notably among the Less than Secondary education (3.8 percentage points), Older age (3.6 percentage points), and African cohorts (2.8 percentage points). Despite having the lowest expanded and official unemployment rates in South Africa, the Western Cape still faces high unemployment by

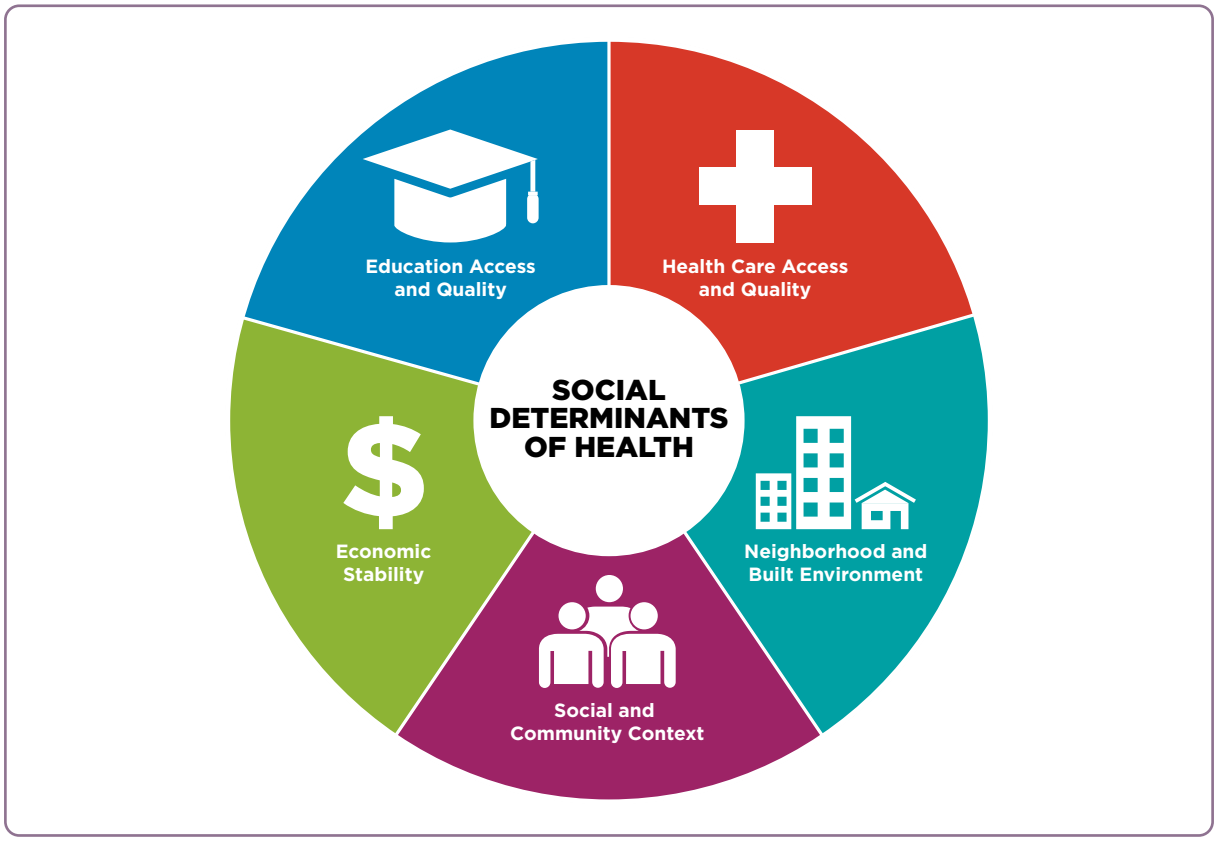


Figure 12: Five domains in CDC's Healthy People Framework[9]

global standards, which significantly undermines social cohesion, exacerbates crime, and deepens economic inequality. [3] There is a strong link between a person's employment status and their reported health. Unemployment has consistently been found to have a negative impact on a range of health outcomes, including mental health issues such as depression, anxiety and levels of self-esteem.[10]

Poverty lines are used to measure and monitor poverty levels. Figure 13 shows that the absolute number of people living below the lower-bound poverty line (LBPL) in the Western Cape has generally increased from 2013 to 2022, with the highest figure in 2020, nearing 3.7 million. The LBPL represents the threshold where individuals can afford basic food and non-food items. Those with incomes below the LBPL won't be able to purchase both sufficient food items and non-food items. In other words, even if they allocate all their income to food, they will still fall below the food poverty line. The percentage of the population under this poverty line has fluctuated, with significant spikes in 2018 and 2020, likely due to the economic impacts of the COVID-19 pandemic. Despite some declines after 2020, the percentage has remained stubbornly high, hovering around 51 - 53% throughout the decade and this can significantly influence health outcomes, specifically in children.[3]

Neighbourhood and built environment

The neighbourhoods in which individuals reside significantly influence their health and wellbeing. In South Africa, many people live in areas with high levels of violence, unsafe air or water, and various health and safety hazards. Racial and ethnic minorities, along with low-income individuals, are more likely to inhabit neighbourhoods that expose them to these risks.

Formal homes play a vital role in our citizens' lives, offering more than just a roof over their heads. They provide shelter, security, stability, and access to essential services. The Western Cape faces the challenge of the prevalence of informal dwellings. Furthermore, Census 2022 reported 9743 homeless persons in the Western Cape, with 6433 residents being roofless and 3310 being in shelters.[2] In most instances, people experiencing homelessness and those at risk of homelessness are among the most socially and economically disadvantaged and are also likely to experience poor health.

Many of the families living in poverty also do not have access to basic municipal services, such as water, sanitation, electricity, waste removal, and access to toilets. Basic municipal services are critical for maintaining and improving health in

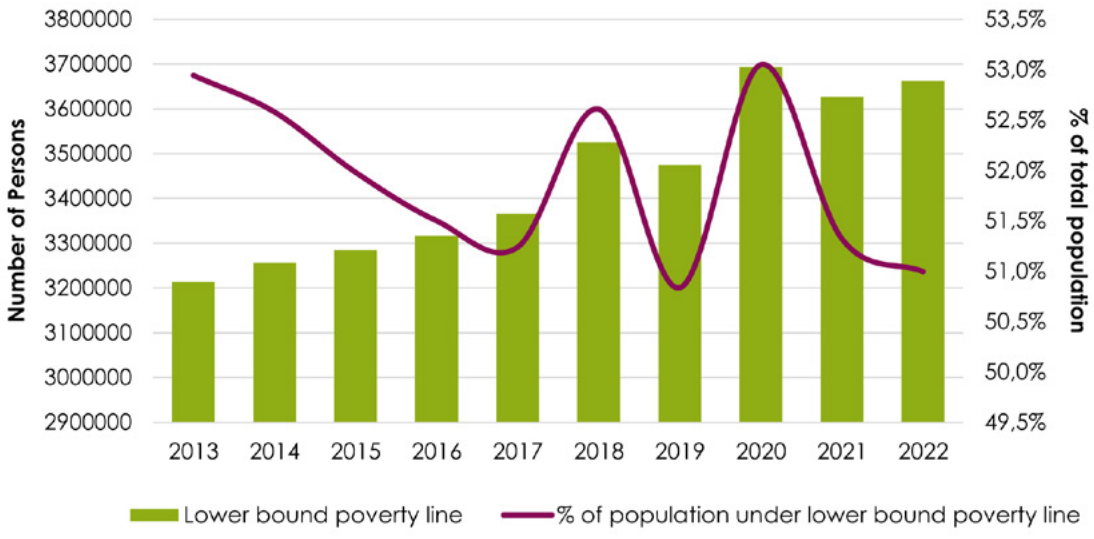


Figure 13: Number and Portion of Persons Below the Lower Bound Poverty Line in the Western Cape, 2013-2022[3]

communities. Clean and reliable water sources prevent the spread of waterborne diseases, while proper sanitation and waste management reduce the risk of environmental contamination and vector-borne illnesses. Additionally, well-maintained sanitation facilities and toilets prevent the spread of diseases and promote hygiene. Together, these services form the foundation of a healthy living environment, essential for preventing disease outbreaks, enhancing quality of life, and supporting overall community wellbeing. Chapter 7 of the South African Constitution mandates that municipalities prioritise the delivery of services to meet the basic needs of all citizens. While local government can outsource the provision of these services, it remains responsible for ensuring their adequate delivery.[3] Figure 14 illustrates the share of basic municipal services to households in the Western Cape in 2013 and 2022.[1]

the country. This creates the enabling conditions for the proliferation of violent crimes. Crime generates great costs to society, notwithstanding the opportunity costs, personal and psychological wellbeing of individuals and communities.

In recent years, crime trends in the Western Cape have shown significant changes. Reported murder cases experienced a slight decline of 0.5% from the fourth quarters of 2018/19 to 2022/23, indicating progress. Sexual offences also saw a notable reduction of 9.7%, highlighting efforts to address this serious crime. Additionally, robbery at residential premises decreased by 21.0%, indicating improved safety measures within neighbourhoods. Moreover, driving under the influence of alcohol or drugs showed a promising decline of 13.0%, reflecting increased awareness and enforcement on the public roads. While

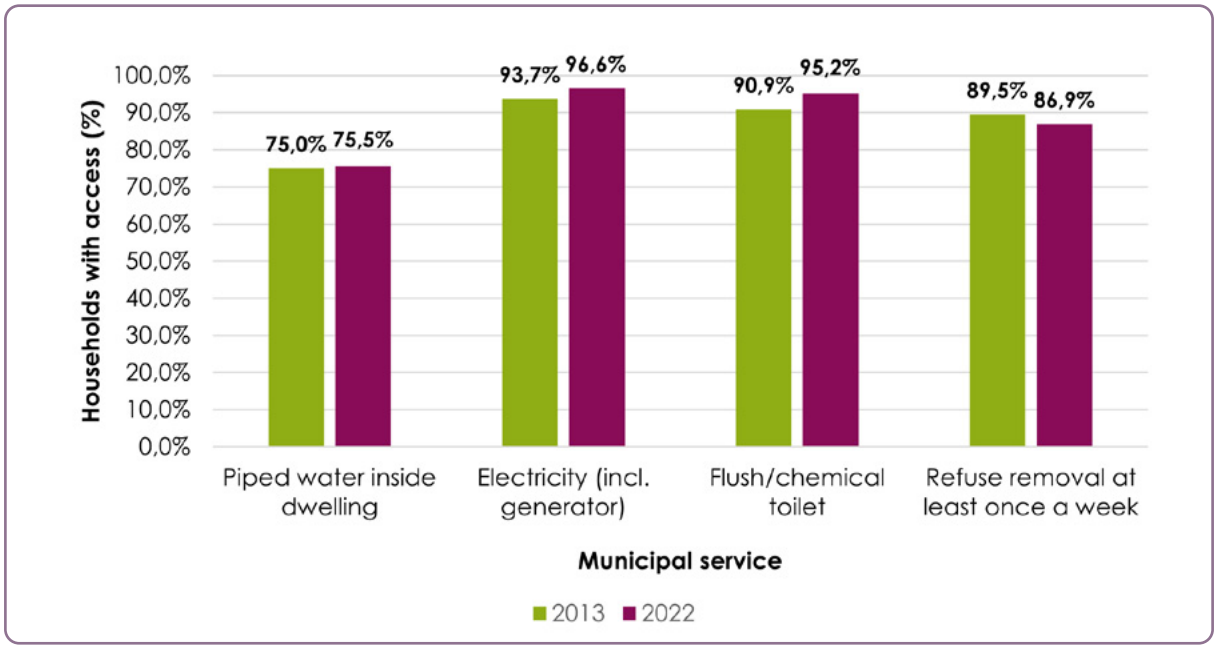


Figure 14: Share of Basic Municipal Services to Total Household Dwellings in the Western Cape, 2013 and 2022[1]

Social and community context

A considerable number of individuals encounter challenges and external risks in their communities beyond their control, such as residing in unsafe neighbourhoods. The high levels of poverty and unemployment in South Africa are inextricably linked to crime and violence. This is exacerbated by underdevelopment and the history of repression, marginalisation, alienation, and violence associated with the legacy of apartheid in the Western Cape has made strides in reducing certain crime categories, such as burglaries and drug-related offences, the murder rate has surged by an alarming 43% the past decade. This rise reflects a deeper struggle for law enforcement and points to the need for more effective strategies to restore safety and stability.[3] These conditions can have profound and enduring effects on an individual's health, safety, and overall quality of life.

Education

Individuals with higher levels of education generally enjoy better health outcomes and longer life expectancies. Early educational difficulties have profound long-term complications: limited educational attainment reduces access to stable, high-paying, and safe employment opportunities, which are crucial for both financial security and health. Without these opportunities, individuals are at an increased risk of experiencing chronic health issues, including heart disease, diabetes, and mental health conditions such as depression. Thus, educational disparities contribute to a cycle of socioeconomic and health inequities, with adverse effects that often extend throughout an individual's life and impact future generations.

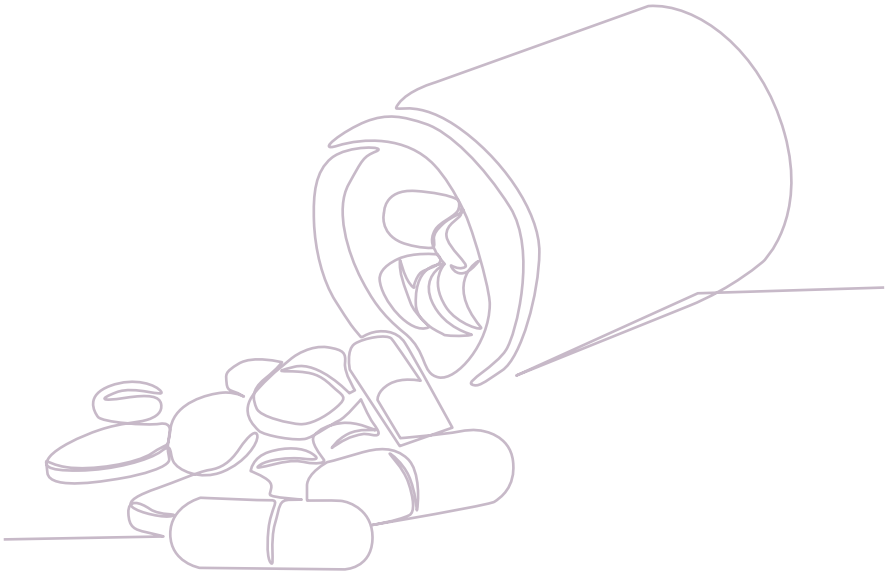
Challenges within the Western Cape education sector persist, such as overcrowded classrooms, inadequate infrastructure, and a shortage of qualified employed teachers, exacerbated by limited financial resources. Over the last decade, the Western Cape has seen a net decline of 0.5% in the number of schools, predominantly in rural areas, alongside a substantial 17.8% increase in the number of learners. In addition, the ongoing issue of learner absenteeism and dropout rates poses a substantial hurdle to improving education outcomes and ultimately health outcomes.[3]

Implementing programs, policies, and investments that address SDoH could help to improve the health of populations at high risk for serious illnesses and worse health outcomes. A multi-sectoral approach to addressing SDoH appropriately is fundamental for reducing longstanding inequities in health and reducing the burden of disease in the Western Cape.

ABOUT THE BURDEN OF CARE

Sub-regional

Based on the latest Global Burden of Disease (GBD) studies from the Institute for Health Metrics and Evaluation (IHME) and the WHO, Southern Africa faces a significant burden of disease, with high prevalence rates of communicable diseases such as Human Immunodeficiency Virus (HIV)/AIDS (approximately 7.7 million people are living with HIV, with a prevalence of 17.1% among adults aged 15-49 years), malaria, and TB.[11] Despite efforts to reduce transmission and improve treatment, these diseases remain major health challenges. NCDs, including cardiovascular diseases (including ischemic heart disease and stroke), diabetes, and cancer (with breast and cervical cancer being the most common among women, and prostate cancer among men), are on the rise due to lifestyle changes and urbanization. Maternal and child health issues persist, with high rates of mortality due to complications during pregnancy, childbirth, and malnutrition. Mental health disorders, particularly depression and anxiety, are increasingly recognized, and injuries from road traffic accidents and violence (including domestic violence and crime-related injuries) continue to impact public health significantly.[12]



National

South Africa's health challenges are framed as 'colliding epidemics' and the 'quadruple burden of disease'—the latter encompassing hyperendemic HIV/AIDS with a concurrent high burden of tuberculosis; high rates of violence and injuries; persistently high levels of maternal and child mortality; and the steady rise of non-communicable diseases.[6] The quadruple burden is also reflected in the leading causes of premature mortality.[13] Figure 15 shows the proportional burden of death in the country according to four major categories using the ICD-10 disease classification with data from the Statistics South Africa report, 'Mortality and causes of death in South Africa: Findings from death notification 2018'.[14]

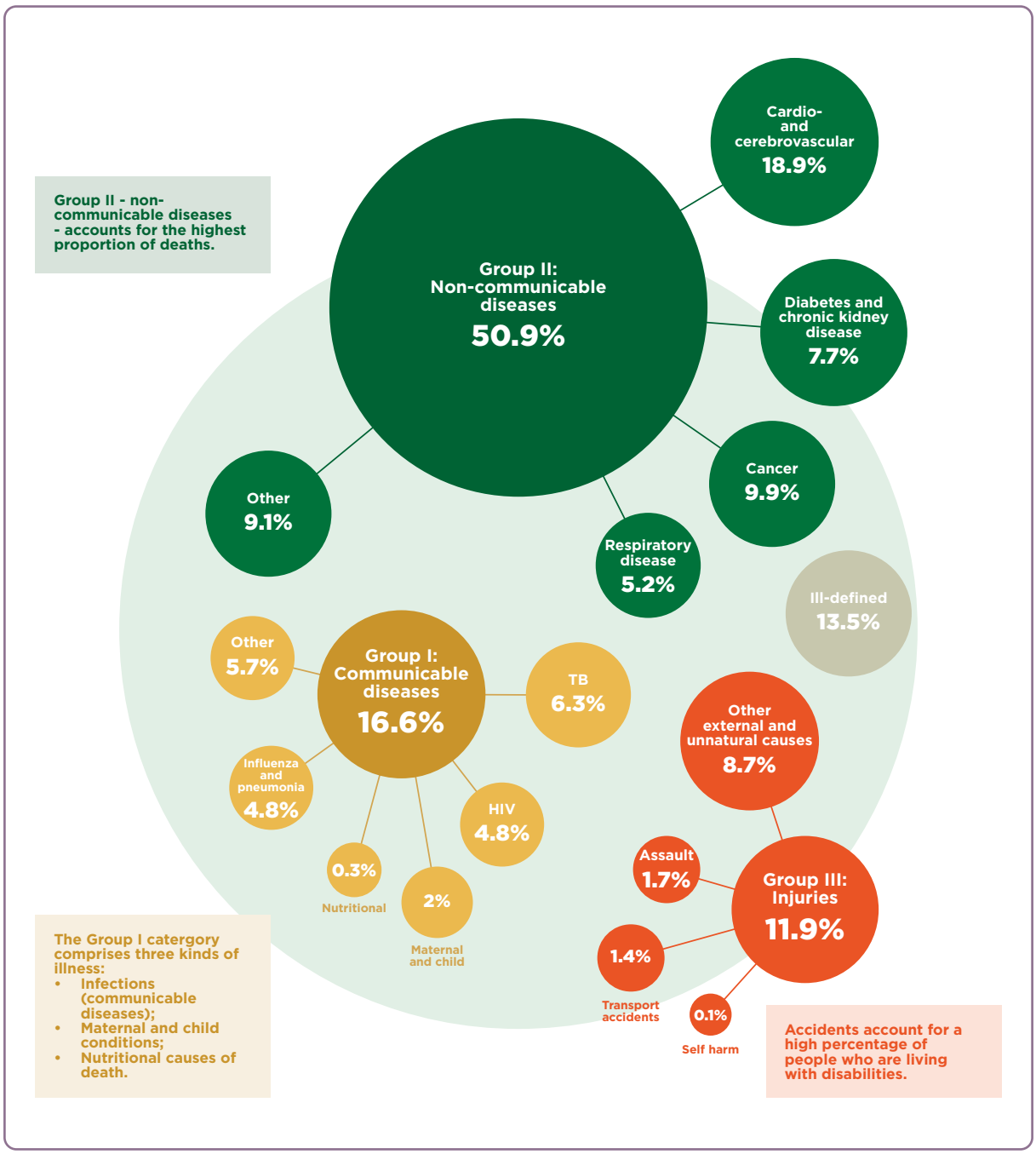


Figure 15: Mortality in South Africa by Grouped Disease Category 2018/19[14]

Provincial

Leading causes of death

The top ten leading natural causes of death in the Western Cape show a similar trend as Nationally. The top ten underlying causes of death in 2020 are detailed in box 5.[15] It is important to note that this excludes injuries (intentional or unintentional). Since most deaths occur in older people (65 years+), conditions that cause death in older people e.g. ischaemic heart disease, diabetes mellitus, hypertensive diseases, cerebrovascular diseases, chronic lower respiratory disease, and malignancies tend to dominate. However, conditions that tend to cause death in younger people e.g. HIV, tuberculosis and unnatural causes of death will result in more premature mortality and therefore more years of life lost.

RANK	Western Cape, all ages	N	%
1	COVID-19 (U07.1-U07.2)	**6,209**	**11.2**
2	Diabetes mellitus (E10-E14)	**4,241**	**7.6**
3	Ischaemic heart disease (I20-I25)	**3,794**	**6.4**
4	Cerebrovascular diseases (I60-I69)	**3,224**	**5.8**
5	Human immunodeficiency virus (HIV) disease (B20-B24)	**2,909**	**5.2**
6	Hypertensive diseases (I10-I15)	**2,645**	**4.8**
7	Malignant neoplasms of digestive organs (C15-C26)	**2,086**	**3.7**
8	Tuberculosis (A15-A19)	**1,885**	**3.4**
9	Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	**1,849**	**3.3**
10	Chronic lower respiratory diseases (J40-J47)	**1,756**	**3.2**
	Other natural	**19,179**	**34.5**
	Non-natural	**5,867**	**10.5**
	All causes	**55,644**	**100.0**

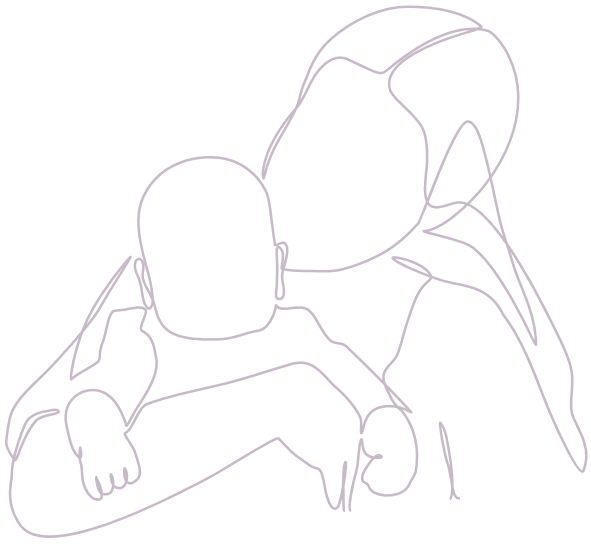
Box 5: Ten Leading Underlying Natural Causes of Death, Western Cape, 2020[15]

Child health services were severely impacted by the COVID-19 pandemic. Antenatal care (ANC) is the first gateway to a range of health services for pregnant women. These services are necessary to ensure healthy pregnancies and births, improve nutrition for both mother and child, and provide counselling and support to pregnant women to ensure positive pregnancy experiences and preparation for the birth of their child. Early antenatal booking is recognised as a critical indicator of health services demand as it provides an opportunity to link pregnant women to the full range of services required early during their pregnancies.[16] The rate of antenatal visits before 20 weeks decreased during the pandemic but has recovered well. However, the rate of visits is still slightly below pre-COVID levels and efforts may be needed to change behaviours related to timing of seeking maternal care.

Immunisation

Throughout ANC and postnatal care, mothers are informed about and encouraged to continue visiting the clinic after birth to receive basic services for their children; such as growth monitoring, immunisation, deworming treatment, Vitamin A supplements, and appropriate treatment if children are sick. Immunisation is the bedrock for addressing preventable childhood illnesses, and immunisation rates are also a good proxy for the overall functioning of the health system.[16] 2024 marks the 50-year anniversary of the Expanded Programme on Immunization (EPI) that was launched in 1974 to make life-saving vaccines available to all globally. Since 1974, vaccination has averted 154 million deaths. It is estimated that vaccination has accounted for 40% of the observed decline in global infant mortality, 52% in the African region.[17] It is estimated that EPI has provided the single greatest contribution to improved infant survival over the past 50 years. In the context of strengthening primary health care, equitable universal access to immunisation remains crucial to sustain health gains and continue to save future lives from preventable infectious mortality.[18]

All children reaching the age of one year should receive all the required vaccinations for that age (be fully immunised). However, we are seeing an alarming trend of an increase in number of children in this age group but a decreasing number and percentage of children fully immunised. The proportion fully immunised has decreased from a high of 81% in quarter 4 of FY 2019/20 before COVID-19 to an average of 67% over the past 2 years where it has remained stubbornly stable (figure 16). This means that the coverage gap in fully immunised children has increased by 74% from 19% to 33%, increasing the risk of outbreaks of vaccine-preventable conditions (Figure 17). Whilst there are various factors leading to reduced vaccine coverage, including vaccine hesitancy post COVID-19, tracking and tracing children that have missed vaccinations and catching up their vaccination schedules is key. The ability of the department to intervene in this regard has been adversely affected by the staff losses, particularly nursing staff.



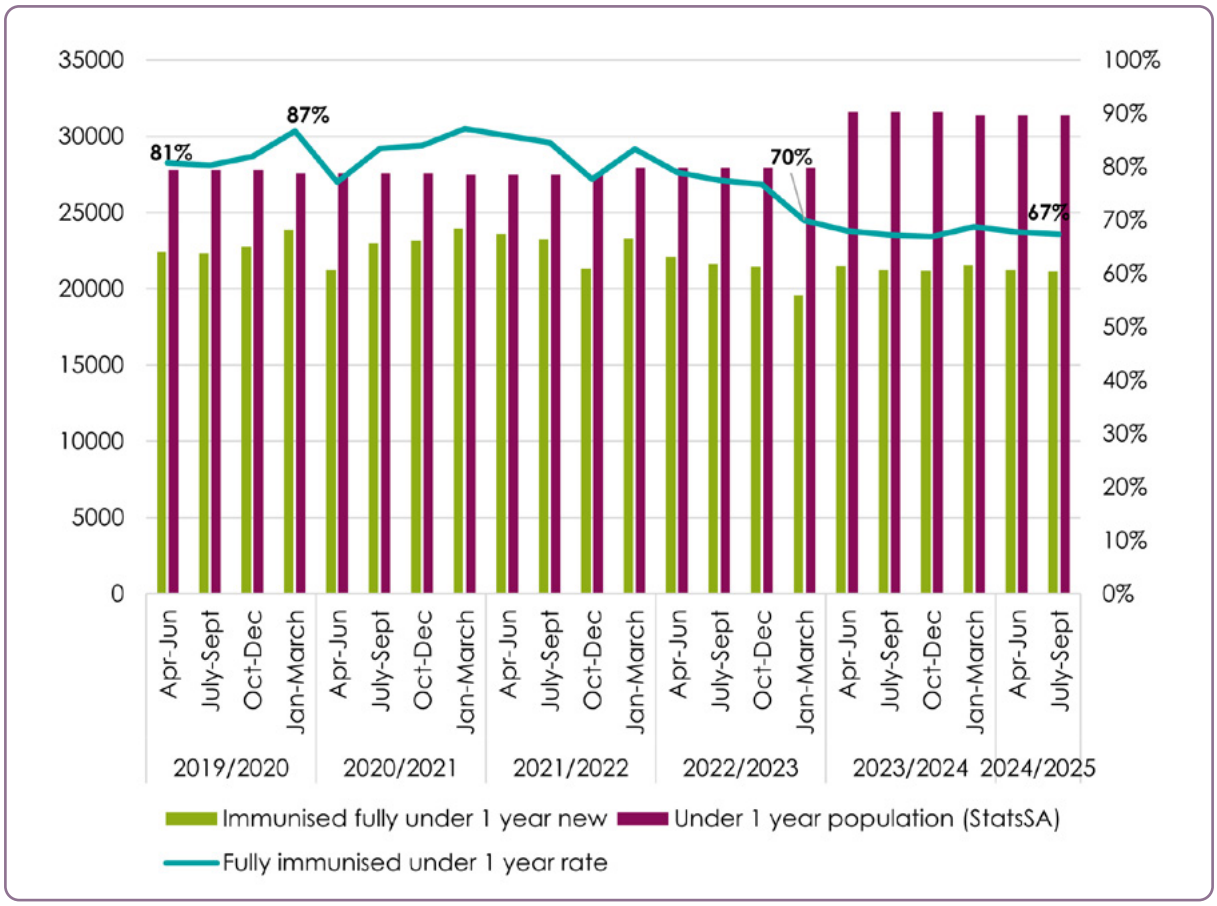


Figure 16: Number and Percentage of Children Under 1 Year of Age Fully Immunised 2019/20 to 2024/25

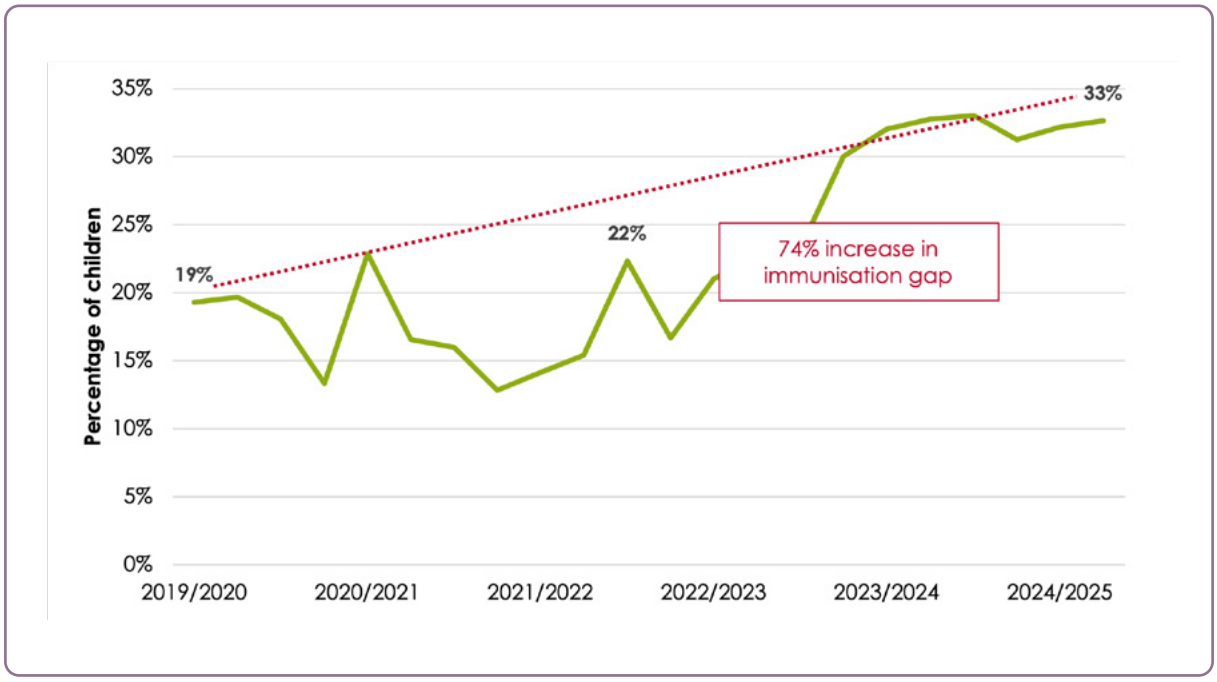


Figure 17: Percentage of Children Under 1 Year of Age Who Are NOT Fully Immunised 2019/20 to 2024/25

Child mortality

The ultimate markers of the quality of health service coverage and health outcomes for children are the neonatal, infant and under-5 mortality rates (the number of deaths per 1000 live births).[16] Figure 18 outlines the death against live birth rate for under 1 and under 5 years from April 2020 to June 2024. The respective death rates both show a decreasing trend.

Food insecurity remains a significant challenge in the Western Cape, with 45% of households experiencing inadequate access to food. Hunger among mothers affects breastfeeding rates, as those who experience food insecurity are less likely to breastfeed compared to those who do not. Breastfeeding mothers have higher energy requirements, and their nutritional status directly influences the nutrient composition of their breastmilk. Alarmingly, 39% of mothers

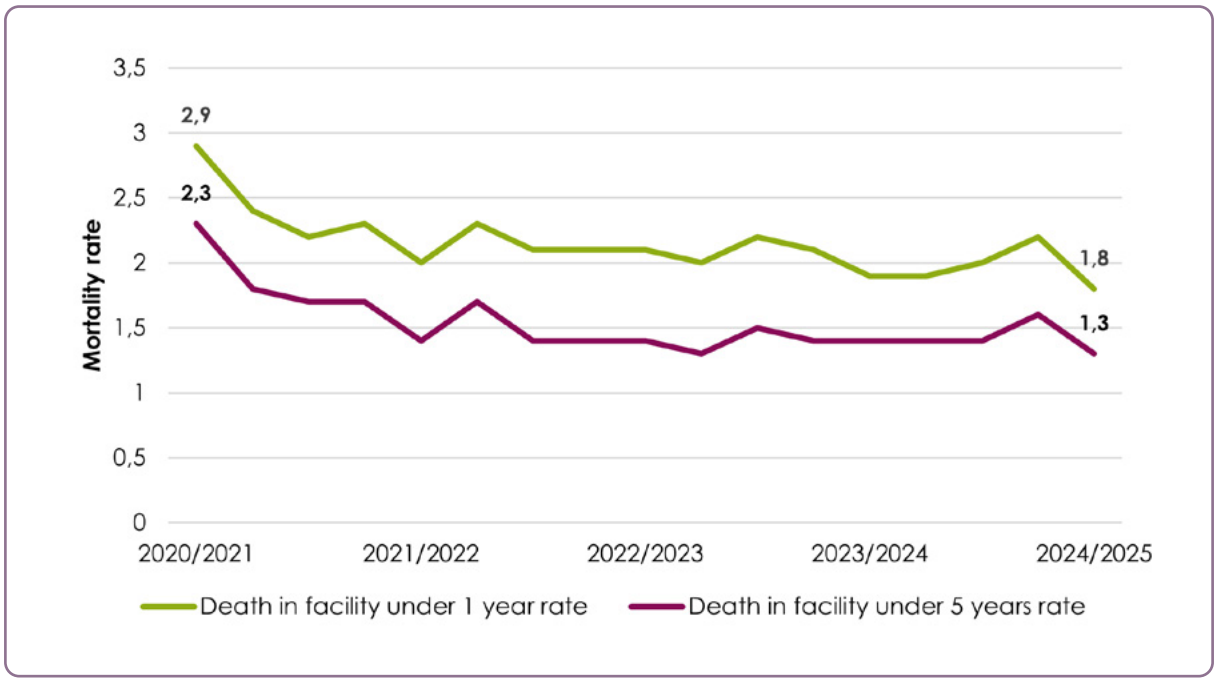


Figure 18: Under 1-Year and Under 5-Years Death Rate 2020/21 to 2024/25

Malnutrition profile in under-5-year-olds

Good nutrition, adequate health care, and a nurturing environment all contribute to children reaching their full growth and development potential. This is especially important during the 1 000 days from the beginning of the mother's pregnancy to the child's second birthday, when children are growing and developing most rapidly. To support this growth, young children have relatively high nutritional needs and are more vulnerable to malnutrition and its consequences than other age groups. Malnutrition in any form compromises the immune system, making children more vulnerable to life-threatening common illnesses. It also affects early brain development, hindering learning abilities and causing long-term developmental challenges that can reinforce the cycle of poverty.

report going to bed hungry, which can further impact their ability to breastfeed effectively. Additionally, 6.9% of pregnant women in the province are underweight, and undernutrition during pregnancy is a major contributor to low birth weight (LBW) and stunting, both of which have long-term consequences for child growth and development.

Approximately 27% of children under five are stunted in South Africa. The WCG, in conjunction with DG Murray Trust (DGMT) and other partners, recently released the Western Cape Stunting Baseline Survey (WCSBS). The key conclusion of the WCSBS is that the burdens of malnutrition, stunting and overweight/obesity, remain a concern in the province.

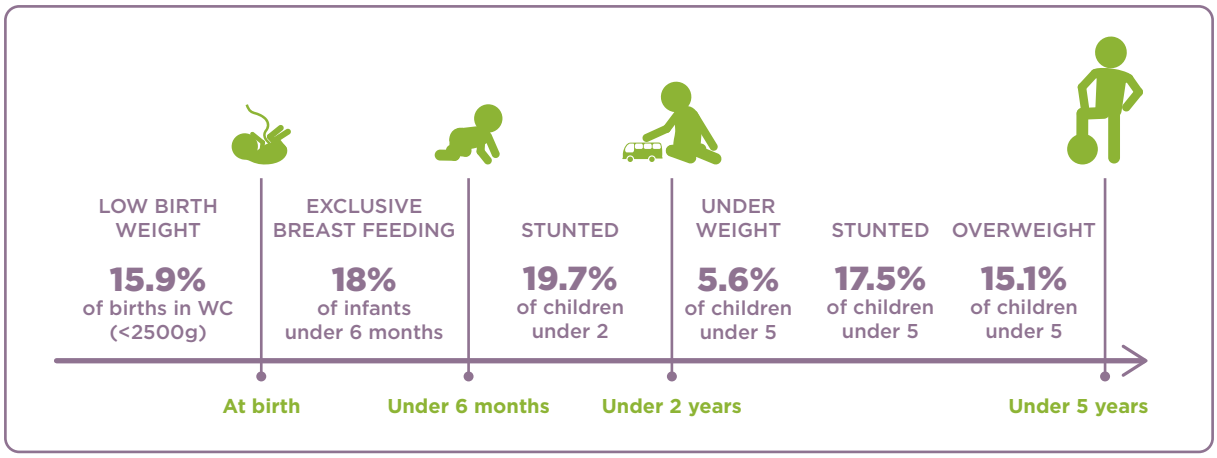


Figure 19: Overview of the Burdens of Malnutrition in the Western Cape[19]

It is generally acknowledged that stunting (height-for-age Z-score <–2SD) is the best indicator of a child's wellbeing. Children's linear growth potential is largely determined by the time they turn two years old, and it is a period of rapid brain development when they build foundational skills that define their health and wellbeing throughout life. Stunting is associated with many disorders, including reduced neurodevelopment, lifelong cognitive deficits, educational and employment challenges, increased risk of obesity and NCDs in adulthood, and cycles of intergenerational poverty. For 0–59 month old children, the prevalence of stunting (17.5%) was close to the upper cut-off of the medium public-health-concern category of 10–19%. Stunting in the very vulnerable <2-year-old age group was 19.7%, pushing it into the high public-health concern category for this age group.[19]

Despite the ongoing child malnutrition challenge in South Africa, stunting levels in the Western Cape are much lower than in the rest of the country and there has been a decreasing trend over the past six years. Various interventions have been put in place by the WCG, civil society organisations and others and the WCDHW will continue to prioritise child nutrition and wellbeing initiatives.

Maternal mortality

Maternal mortality reflects overall maternal health. Figure 20 outlines the trending in-facility maternal deaths (iMMR), which is the in-facility maternal mortality rate per 100 000 live births, between calendar year (CY) 2018 and CY 2023 in the public sector. There was a notable increase in the iMMR between CY 2020 and 2022 relative to the pre-pandemic years.

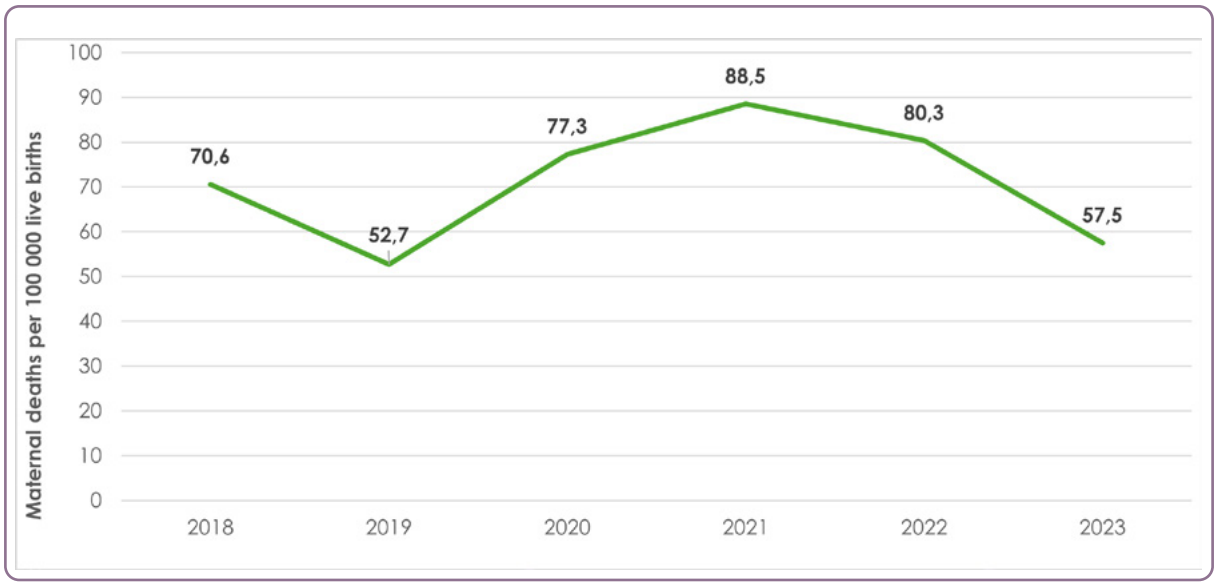


Figure 20: Western Cape Public Sector iMMR by Calendar Year 2018 – 2023

Infectious Diseases

There has been good progress in the response against HIV, TB and Sexually Transmitted Infections (STIs) but much still needs to be done. In South Africa, the HIV, TB and STI epidemics are characterised by distinct sub-epidemics that are apparent geographically and among key and other priority populations. The National Strategic Plan for HIV, TB, and STIs 2023-2028 aims to place the country on track to eliminate HIV, TB and STIs as public health threats by 2030. Despite significant progress towards HIV control, the incidence remains high, especially among key populations, women and other priority populations. Anti-Retroviral Therapy (ART) coverage is trailing diagnosis, and prevention efforts are ineffective in reaching national and global goals.[20]

The sixth South African National HIV prevalence, incidence and behaviour survey (SABSSM VI) launched key findings in November 2023. The overall national estimate for HIV prevalence for all ages in 2022 was 12.7%, translating to 7.8 million people living with HIV. The HIV prevalence was 1.3% lower than the estimate found in 2017. This represents 107 000 fewer people in South Africa living with HIV in 2022 than in 2017. The overall provincial estimate of HIV prevalence for all ages is 7.4% (translating to 540 000 people living with HIV). The HIV prevalence in the Western Cape in 2017 was 8.6%.

When looking at the HIV prevalence among people aged 15+ by province in 2022, the Western Cape had the lowest prevalence at 8.3%. A decrease in prevalence since 2017 can also be observed, see figure 21.[21] HIV continues to contribute considerably to the burden of disease in the Western Cape. Although age-standardised HIV mortality rates are declining, in 2020, HIV accounted for the fifth highest number of deaths in the province (5.2% of all deaths).[15]

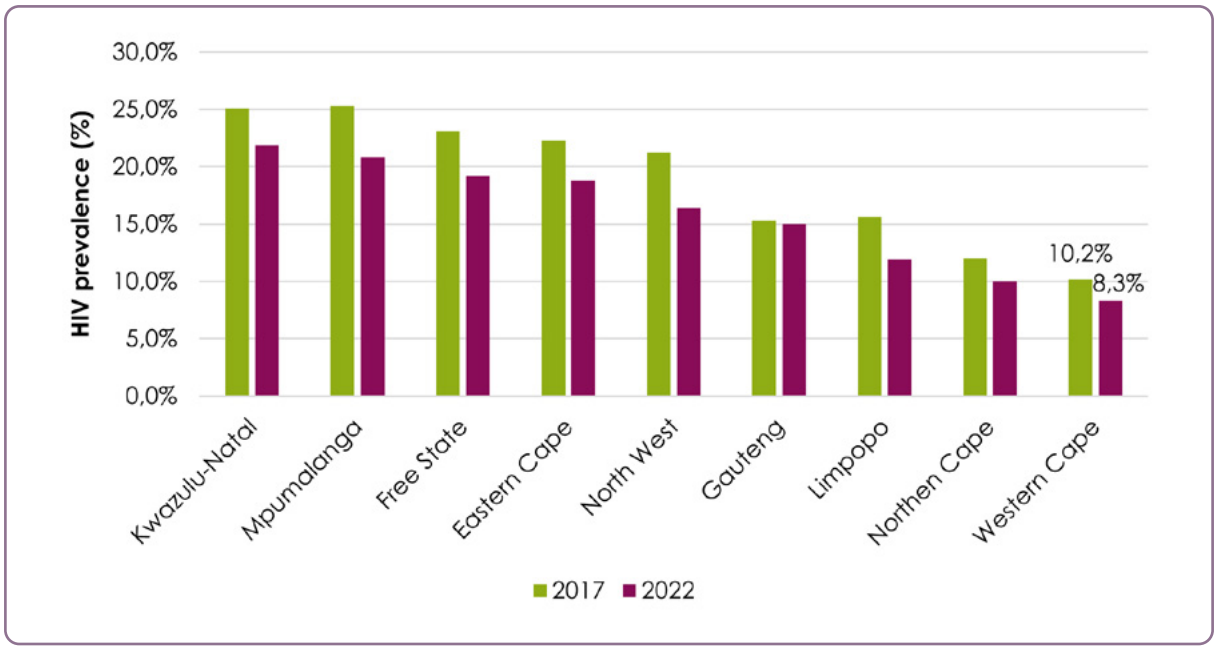


Figure 21: HIV Prevalence Among 15 Years and Older by Province, South Africa, 2017 and 2022[21]

In December 2020, The United Nations Programme on HIV/AIDS (UNAIDS) released a new set of ambitious 95-95-95 targets calling for 95% of all people living with HIV (PLHIV) to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression. These targets, combined with ambitious primary prevention targets, focuses attention on supporting enablers, aim to bridge inequalities in treatment coverage and outcomes, and accelerate HIV incidence reductions by focusing on progress in all sub-populations, age groups and geographic settings.[22] The WCDHW made good progress in achieving the first and third of the 95-95-95 targets. By June 2024, 94% of PLHIV knew their status and of the people on treatment, 92% were virally suppressed. However, the province is underperforming in the second 95, as only 65.5% of people with a known HIV positive status are on ART (figure 22). Furthermore, between April 2019 and June 2024, a concerning downward trend can be observed for people with a known HIV positive status who are on ART (figure 23).

Socio-economic influences and ability to trace patients continue to provide challenges. Ongoing initiatives with non-profit partners and community interventions to encourage treatment adherence appears to be showing some positive results.

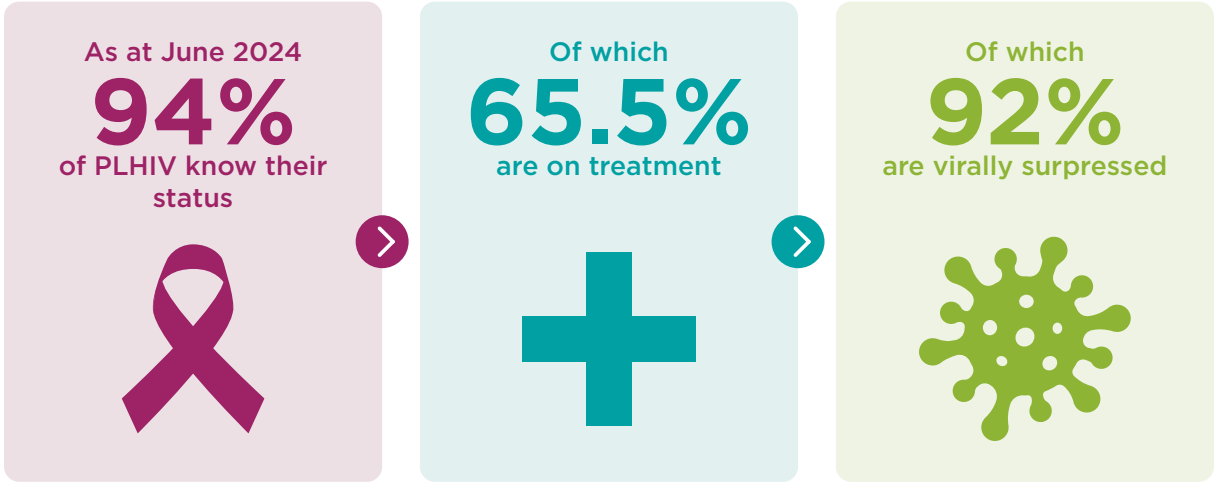


Figure 22: Western Cape 95-95-95 cascade (as at June 2024)

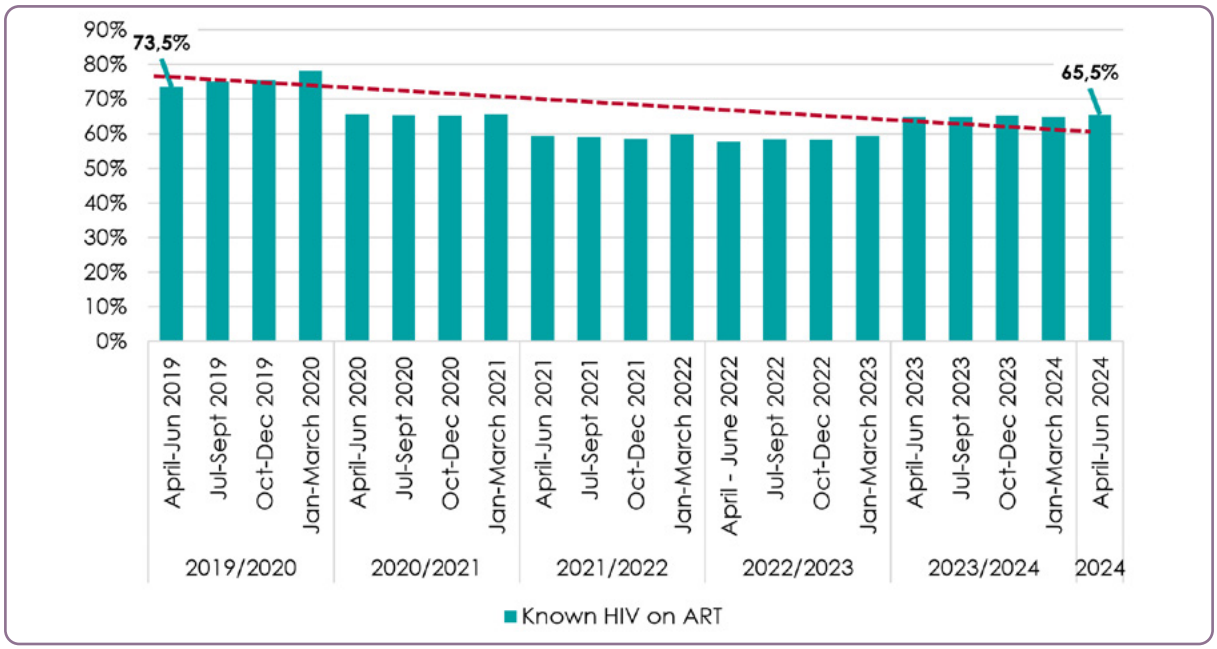


Figure 23 Western Cape PLHIV on ART April 2019-June 2024 (Source: DHIS)

There is a dual burden of HIV and TB infections in South Africa. The proportion of TB patients coinfected with HIV in 2021 was 53%.[23] The country has made progress in the response to TB, but missing cases remain high, and treatment outcomes are suboptimal.

The TB treatment success rate for Drug-Susceptible TB (DS TB) has remained just below 80% between 2019 and 2023. The treatment success rate for the various forms of Drug-Resistant TB (DR TB) remains low. In 2022, the treatment success rate for Rifampicin-Resistant/ Multidrug-Resistant TB (RR/MDR TB) had dropped to 53.8% compared to the already low 60.6% in 2019. The Pre-Extensively Drug-resistant TB (Pre-XDR TB) success rate dropped from 51% in 2019 to 42% in 2022 and the Extensively Drug-Resistant TB (XDR TB) treatment success rate increased slightly from 51% in 2019 to 57% in 2022 (figure 24). Treatment success is expected to increase as many initiatives have been put in place to increase retention in care.

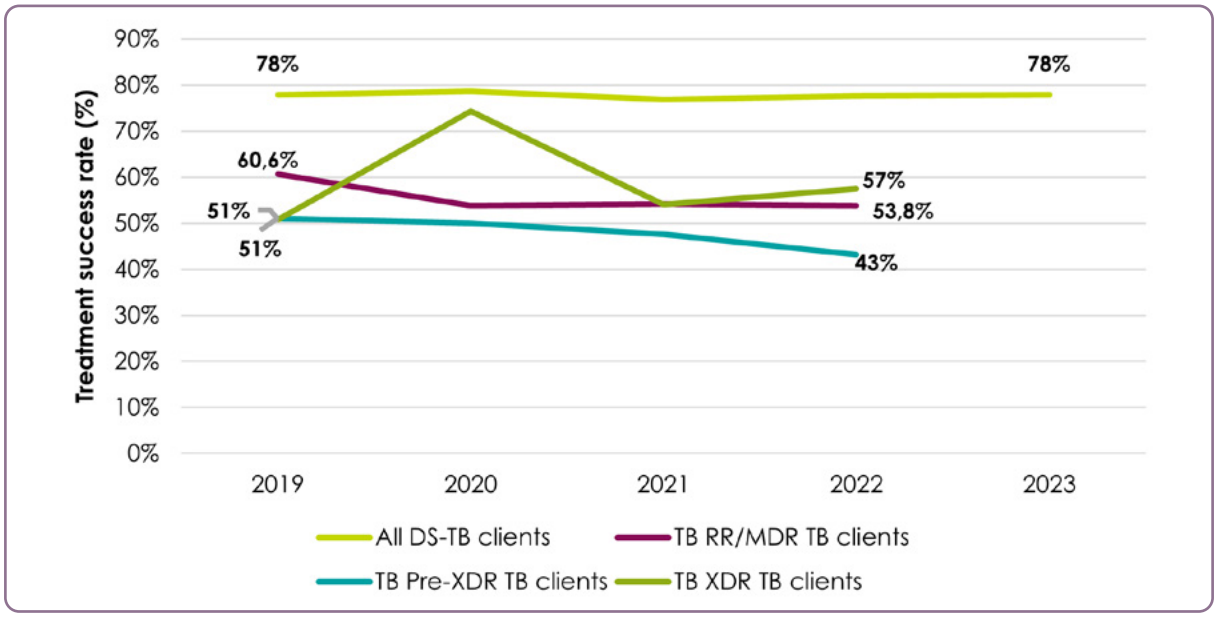


Figure 24: TB Clients' Treatment Success Rates 2019-2023

The loss to follow up rates for TB clients remain a concern with an increase in both Pre-XDR TB and XDR TB clients lost to follow up. The percentage of RR/MDR TB clients lost to follow up is stable with 24.9% in 2018 compared to 24.7% in 2022 (figure 25).

Despite the progress made, HIV and TB remain a major public health problem, especially in key and other priority populations. Although new HIV infections are on a downwards trend, they are not declining fast enough, and we did not achieve the globally agreed fast-tracked target of 75% reduction by 2020 from the 2010 baseline. Inequalities continue to drive HIV in South Africa. Adolescent girls and young women (AGYW) have disproportionately high HIV risks. The COVID-19 pandemic widened the underlying inequalities, reversed some gains and added additional strain on the already overburdened health system.[20]

Furthermore, the Thembisa 4.5 model shows that the population of older people living with HIV has increased (and will continue to increase), most likely due to improved ART and life expectancy (figure 26). While ART has extended life expectancy, it also leads to various chronic conditions such as cardiovascular disease, low bone mineral density, and increased risk of falls. Additionally, ageing with HIV presents unique challenges in long term care settings, with higher rates of dementia, antipsychotic use, and potential adverse effects from polypharmacy, including drug interactions and neurocognitive side effects.[24]

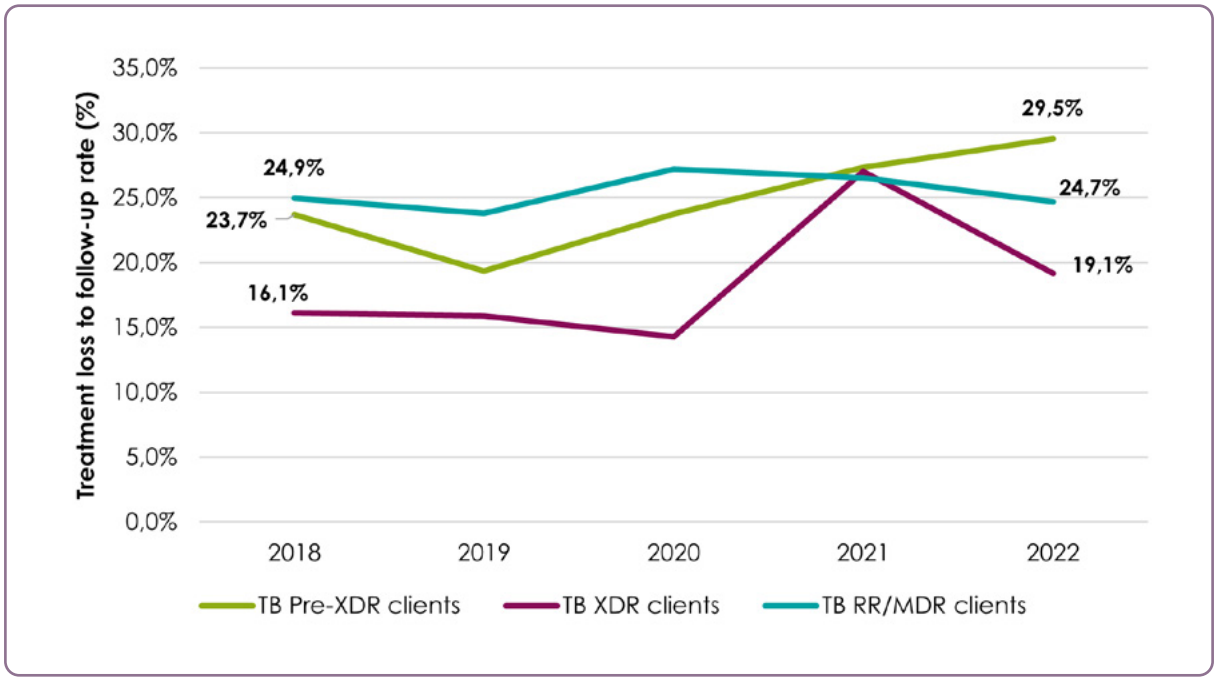


Figure 25: TB Clients' Loss to Follow Up Rates 2018-2022

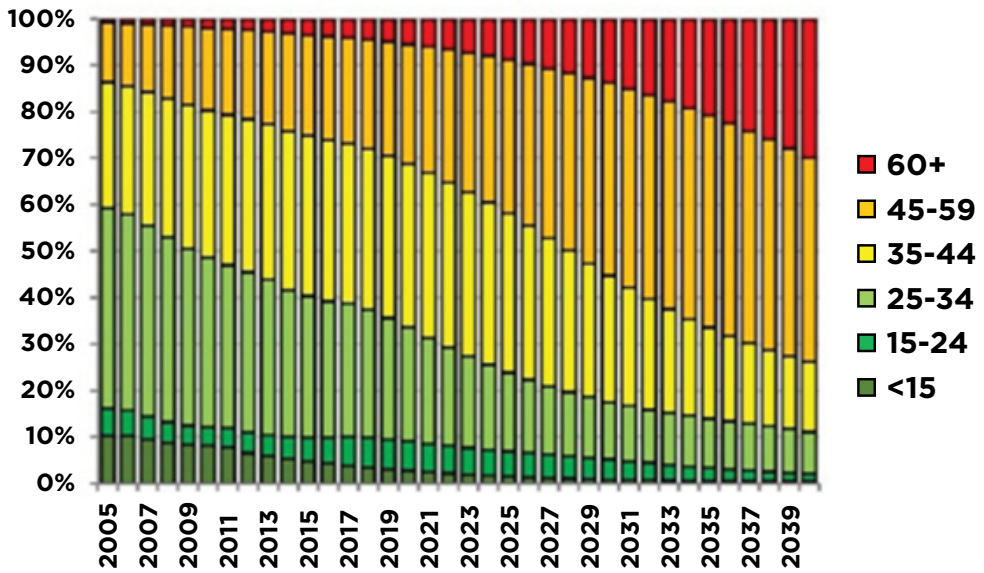


Figure 26: Changing Age Distribution of People Living with HIV on ART in South Africa

Non-communicable Diseases

In general, due to medical advancements and the investments into maternal and child health, a greater number of people are surviving into middle and older ages and face the risk of dying from NCDs if management of such conditions does not improve.[14] It is widely recognised, internationally and locally, that the ever-increasing burden of NCDs, including mental health disorders and disability, needs urgent intervention across the health sector and beyond. Globally, NCDs kill 41 million people a year, which equates to 71% of all global deaths.

The WHO estimates that deaths from NCDs are likely to increase globally by 17% over the next ten years, and that the African region will experience a 27% increase, which amounts to 28 million additional deaths. It is projected that by 2030, the number of deaths from NCDs will exceed deaths due to communicable, maternal, perinatal and nutritional diseases combined. NCDs are already the leading cause of death and disability in South Africa. This burden is compounded by the increasing prevalence of multi-morbidities in people living with NCDs in South Africa.[14] Poverty, rapid urbanisation, industrialisation, population ageing, globalisation of marketing and trade, poorly developed health systems and other social, cultural and commercial determinants of health are some of the contributors to the rising incidence and prevalence of NCDs.

Mental health

As in many other Low- and Middle-Income Countries (LMICs), the burden of mental disorders has grown significantly in South Africa and the rise is expected to continue. It can partially be attributed to the ongoing epidemiological shift from communicable to non-communicable diseases as well as the co-morbidity between mental, neurological and substance use disorders, HIV, and other chronic health conditions.[25] It is estimated that nearly one in three South Africans will suffer from a mental disorder in his or her lifetime.[26] Despite the ongoing strain that mental disorders place on the healthcare system, mental health services are grossly under-resourced and mental health care users face many barriers to accessing care.[25]

The Western Cape does not yet have many standardized indicators to track the burden of mental health disorders in the population, but there is some data available. Figure 27 illustrates psychiatric admissions and involuntary admissions across the province between 2019 and 2024. The number of mental health separations has decreased slightly from the very high level seen towards the end of the COVID-19 pandemic period but remains higher than what was observed in 2019. Involuntary admissions have also increased between 2019 and 2024.

Readmissions of psychiatric clients adds additional pressure to the platform. Readmissions within 60 and 90 days have remained stable between 2022 and 2024, whilst readmissions within 30 days show a slight decline (figure 28).

The primary discharge diagnoses of patients with mental health conditions between 2018 and 2024 are summarized in figure 29. The most notable increased can be observed in the percentage of patients with substance related diagnoses.

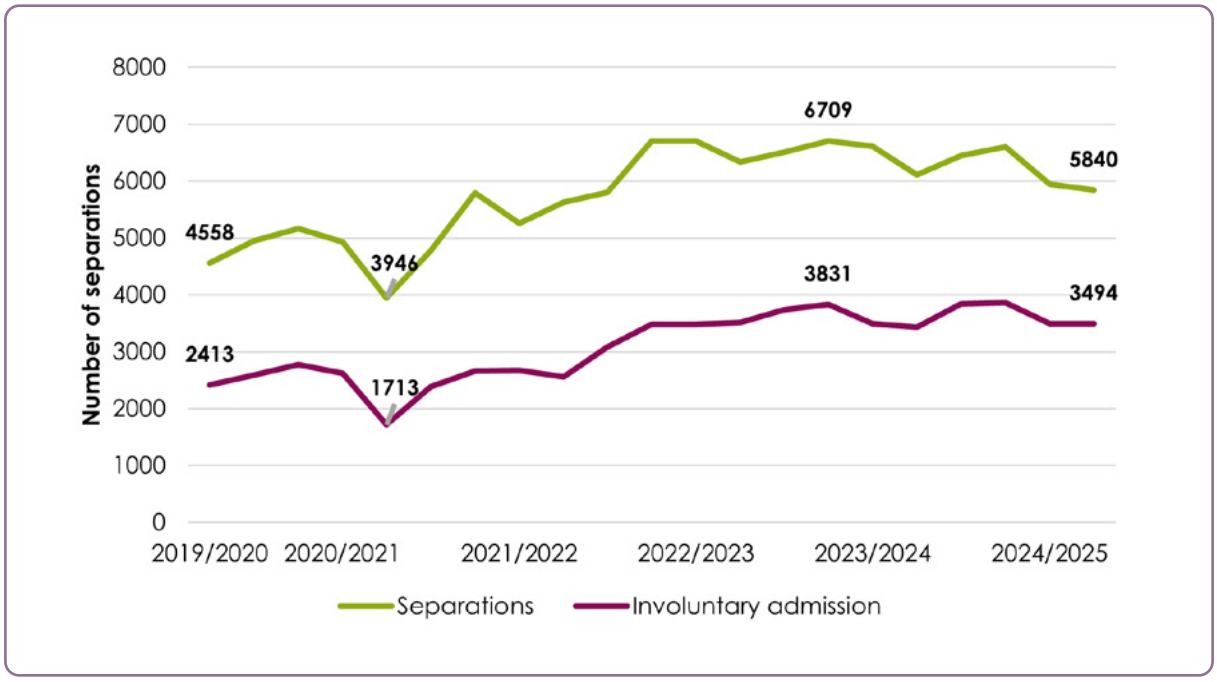


Figure 27: Psychiatric Separations and Involuntary Admissions 2019/20 to 2024/25

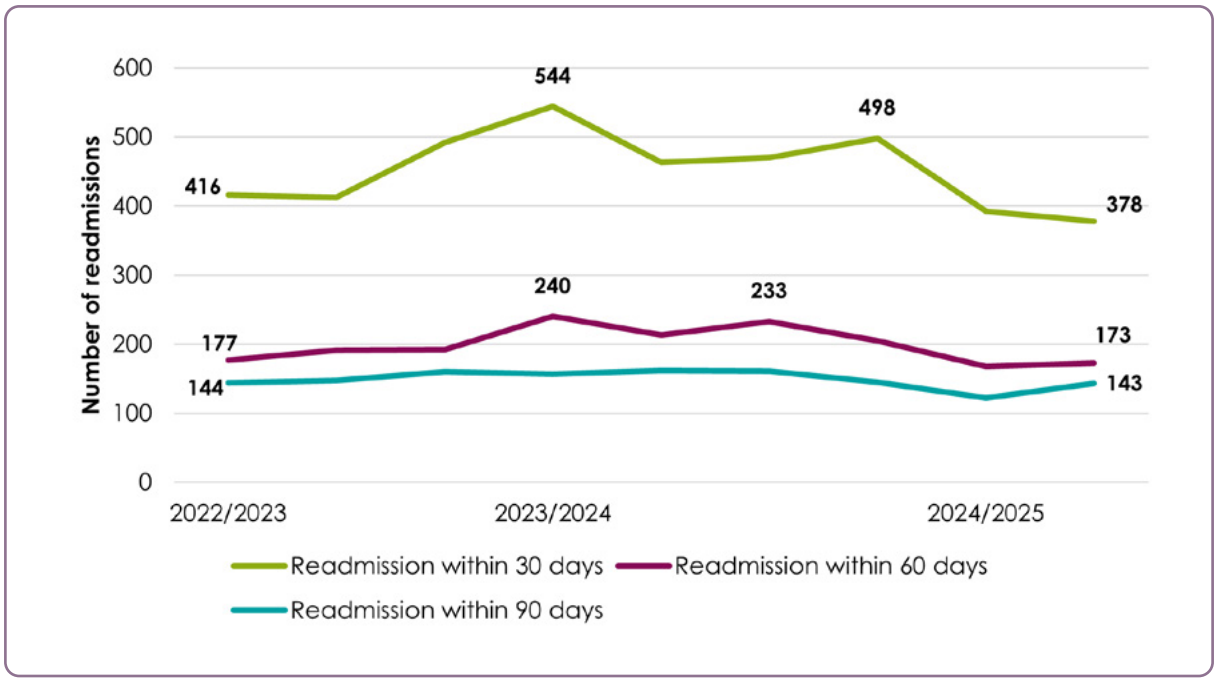


Figure 28: Number of Psychiatric Readmissions 30,60 and 90 Days After Discharge

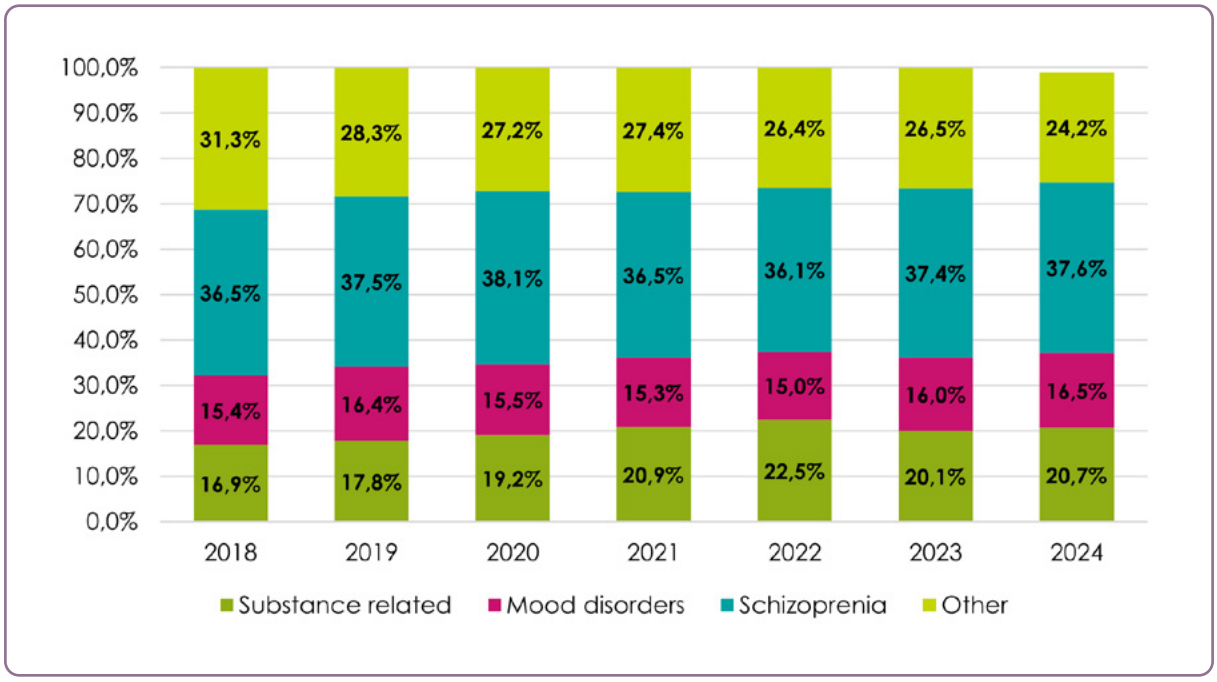


Figure 29: Primary Discharge Diagnoses 2018 to 2024 (Updated January 2025)

Diabetes

The rising prevalence of diabetes has been deemed an international crisis with up to 9.3% of the world's adult population afflicted. Diabetes accounts for 11.3% of all deaths in the adult population globally, with 46% of these in working-age adults. Once considered a disease of the affluent, diabetes is increasingly common in LMIC. The African population is thought to have a lower prevalence of diabetes at 3.9%, but strained health services result in an estimated 60% of people remaining undiagnosed.[27]

Diabetes was the second overall leading cause of death (after COVID-19) in the Western Cape in 2020.[15] Figure 30 illustrates the total number of diabetics that have at some point been diagnosed in our system as well as the number of diabetics in active care. There is a concerning downwards trend in the percentage of diabetics in care and these patients are at high risk for the negative sequalae of untreated diabetes, including end organ damage and microvascular disease.

One measure of how well diabetes is managed is the proportion of People Living with Diabetes (PLWD) who have an annual measure of glycated haemoglobin (HbA1c), which is indicative of disease control. Figure 31 reflects the encouraging increasing trend in coverage of HbA1c testing among PLWD (from 94 009 in 2018 to 136 638 in 2023). Overall, there has been a 15% increase in the percentage of diabetics in care who have had HBA1c tests done.

Diabetes is considered controlled when one's HbA1c is below 8%. The proportion of PLWD with controlled diabetes (HbA1c <8%) remained low between 2018 and 2023 detailed with a slight improvement by CY 2023. In 2023, 46% had an HbA1c <8% compared to 43% in 2018, an absolute improvement of 3 percentage points (figure 32).

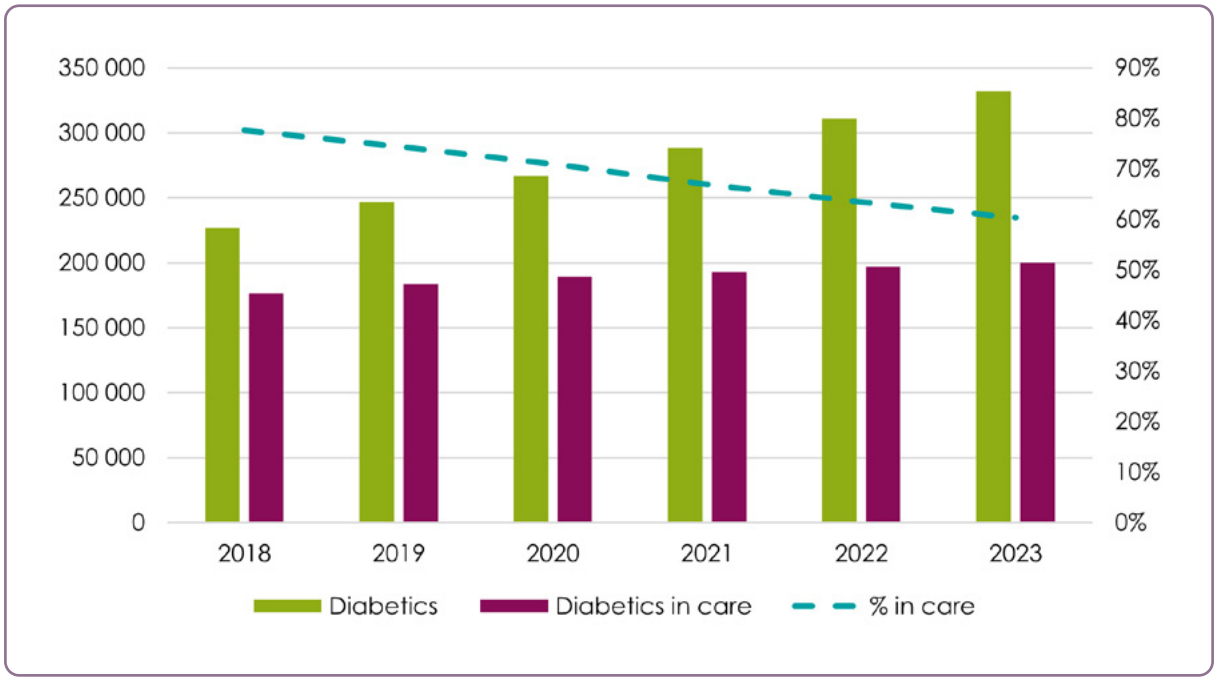


Figure 30: Total Diabetics in Care in the Western Cape 2018-2023

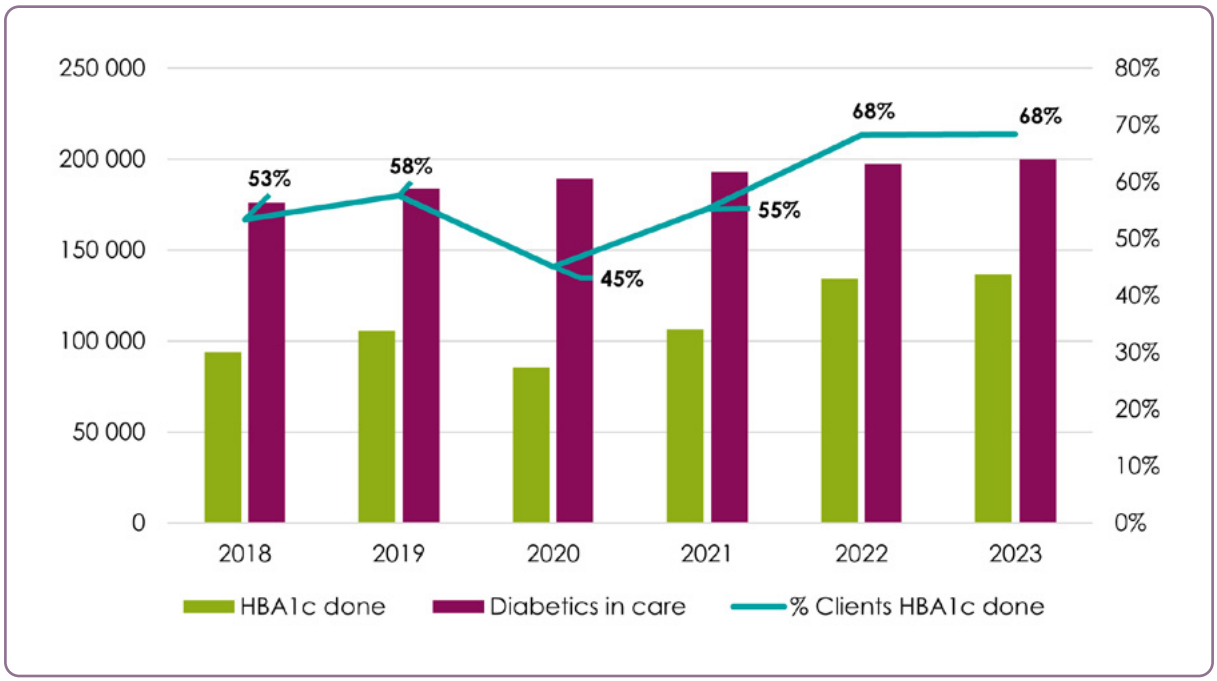


Figure 31: Western Cape HbA1c Trends 2018-2023

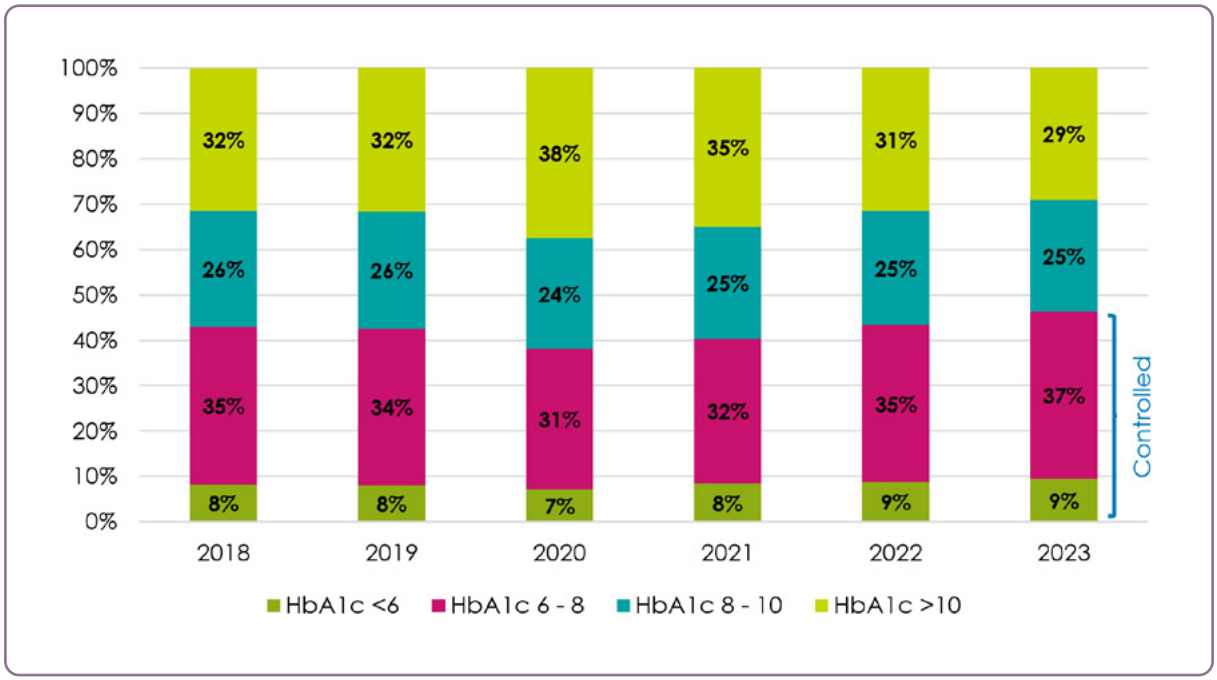


Figure 32: Western Cape Glycemic Control Trends 2018-2023

Trauma and Violence

The burden of disease in the province is significantly impacted by the high levels of unemployment, inadequate housing and crime, safety and substance abuse issues described above. The Western Cape has the second highest percentage of unnatural deaths (13.6% of all deaths in the province in 2019) in the country (12.4% unnatural deaths in South Africa overall). Injuries accounted for 14% of all deaths in the Western Cape in 2016, while homicides accounted for 51% of all injury deaths, and 38% were unintentional (accidental). Suicides were 11% of all injury deaths. Mostly males (80% of injury deaths), particularly between the ages of 20 - 39 years, died from injuries. Individuals who experience violence, whether as victims or witnesses, may suffer from psychological trauma and this can have long-term effects on mental health and wellbeing.[28]

Currently there is limited data available on trauma surveillance across the entire province, but there are 22 Metro Health Services (MHS) and 6 Rural Health Services (RHS) facilities that use HECTIS in their emergency centres to track trauma incidents. Figure 33 shows the number of trauma incidents by month and year for 2022, 2023 and 2024.

On average, at end of quarter 3 of CY 2024, the number of trauma incidents (by month and year), have exceeded what was observed in both 2022 and 2023. As in previous years, we have started to see an increase in number of trauma incidents after a mid-year decline. If the pattern from previous years continues, it is anticipated that by the end of the CY 2024 trauma incidents will exceed earlier years. As illustrated by figure 34, the trauma injury deaths in the Western Cape saw a decline during 2020 (during the COVID-19 pandemic when lockdown regulations were implemented), but every year subsequently, there has been a year-on-year increase in deaths related to trauma injury. In 2024, it is predicted that the previous year will be surpassed, more than 8000 trauma injury deaths, the highest to date.

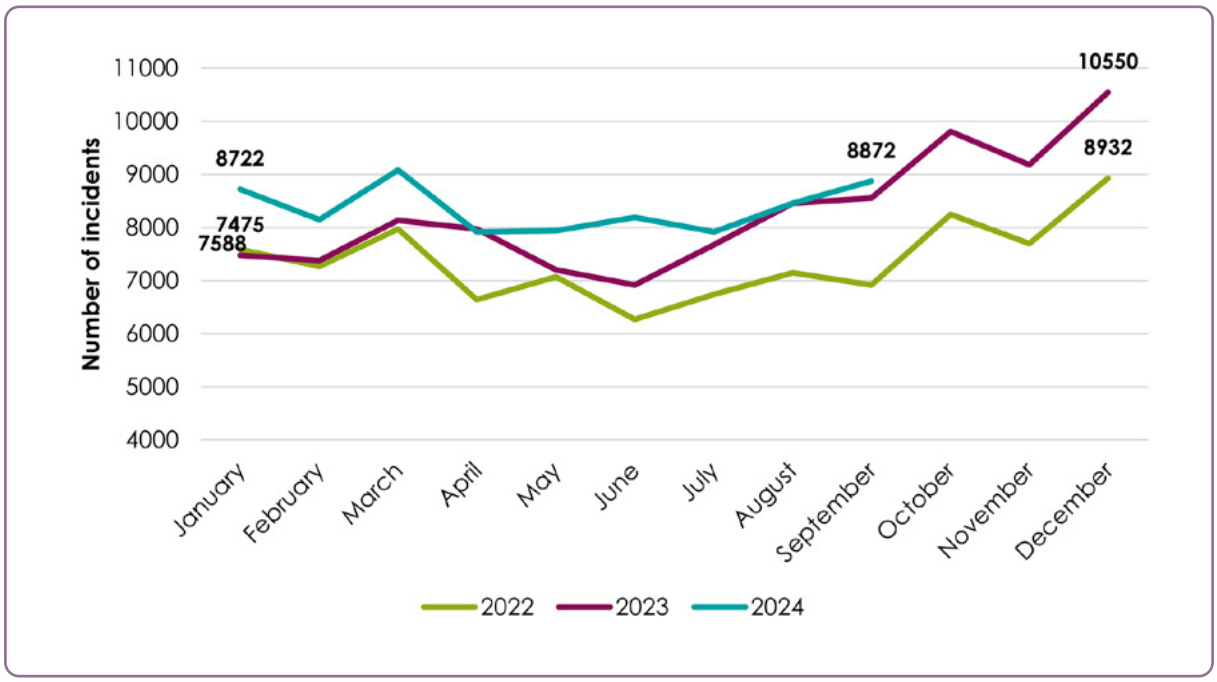


Figure 33: Number of Trauma Incidents by Month and Year (until 30 July 2024)

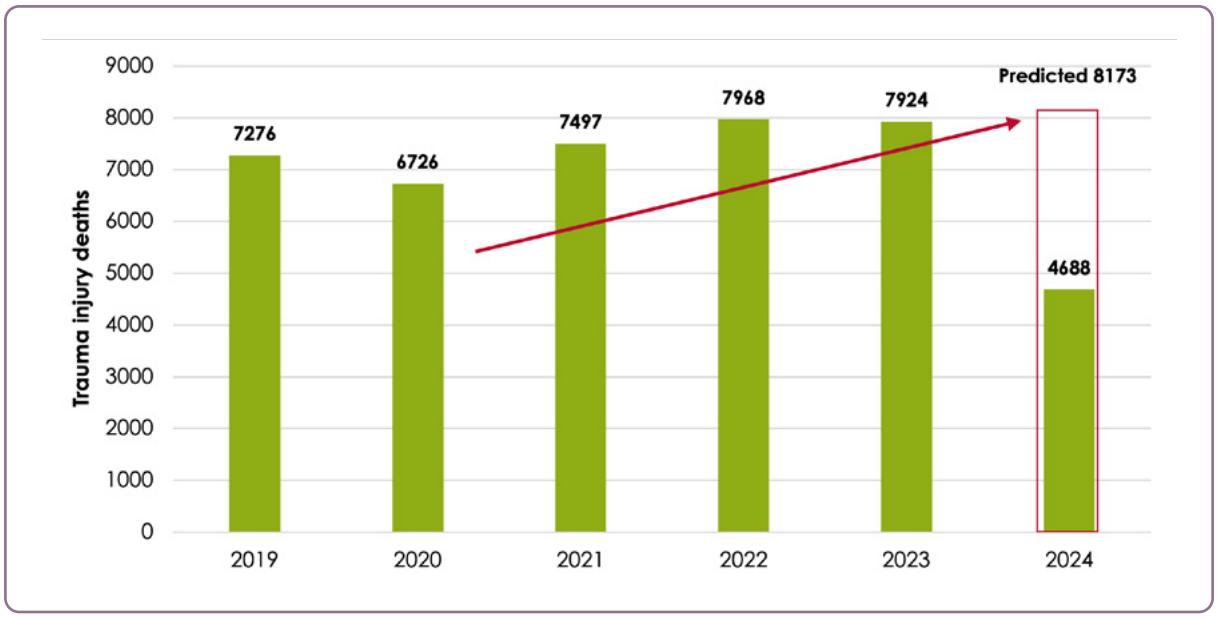
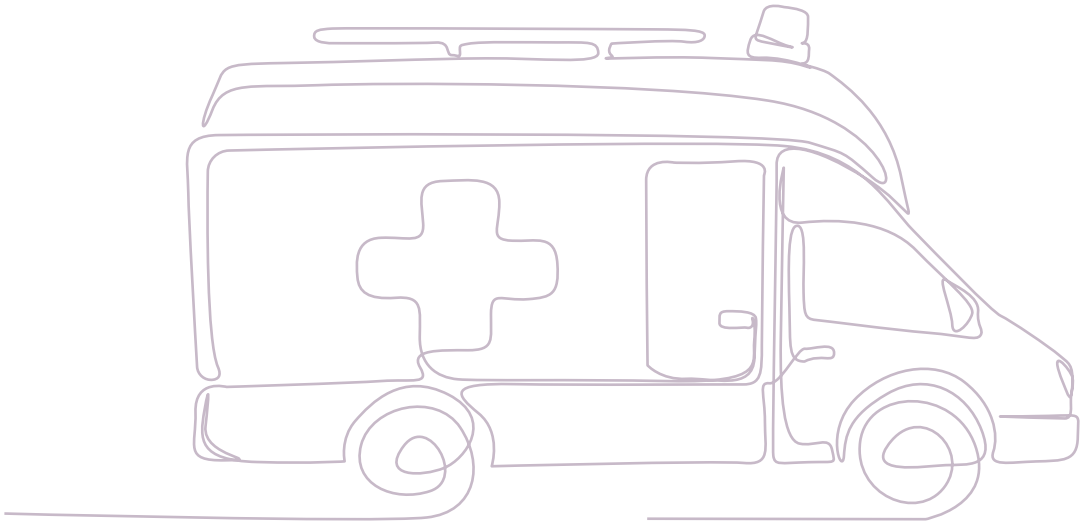


Figure 34: Trauma Injury Deaths in the Western Cape 2019-2024

The high number of accident and assault related presentations to emergency centres are placing pressure on an already overburdened system. It's important to note that addressing violence and injuries involves a multi-faceted approach, including law enforcement, social interventions, economic development, and community engagement. The provincial government has implemented various measures to address violence, including lobbying for increased law enforcement efforts, community policing, and initiatives to combat organized crime. Social programs aimed at addressing root causes, such as poverty and unemployment, are also part of the broader strategy to reduce violence.



ABOUT THE GLOBAL RISKS

Over the last year we have witnessed the expansion and escalation of conflicts, a multitude of extreme weather events amplified by climate change, widespread societal and political polarization, and continued technological advancements accelerating the spread of false or misleading information. Structural forces such as technological acceleration, geostrategic shifts, climate change, and demographic changes are driving complex and urgent risks, leading to greater instability and insecurity. Environmental risks are the greatest long term concern, with extreme weather events and pollution requiring urgent solutions. Geopolitical risks remain high, with concerns about state-based armed conflict and geoeconomic confrontations, particularly in regions like Ukraine, the Middle East, and Sudan. Societal risks, including inequality and societal polarization, are exacerbated by misinformation and disinformation, especially from generative Artificial Intelligence (AI). Technological risks related to AI and biotech are rising for the next decade due to rapid advancements, with adverse outcomes expected to become more significant. Although concerns about inflation and economic downturn have decreased, potential trade restrictions could have significant economic impacts. The global economic outlook is increasingly fractured, with risks of economic downturns and increased costs for international businesses.

The Global Risks Report 2025 presents the findings of the Global Risks Perception Survey 2024-2025 (GRPS), which captures insights from over 900 experts worldwide. The report analyses global risks across three timeframes: immediate (2025), short- to Medium Term (to 2027), and long-term (to 2035) to support decisionmakers in balancing current crises and longer-term priorities (table 2). As we enter 2025, the global outlook is increasingly fractured across geopolitical, environmental, societal, economic and technological domains.

Table 2: Global Risks Ranked by Severity 2025, 2027 and 2035[29]

	Current risk landscape 2025	Risk landscape 2027	Risk landscape 2035
1st	State-based armed conflict	Misinformation and disinformation	Extreme weather events
2nd	Extreme weather events	Extreme weather events	Biodiversity loss and ecosystem collapse
3rd	Geo-economic confrontation	State-based armed conflict	Critical change to Earth systems
4th	Misinformation and disinformation	Societal polarization	Natural resource shortages
5th	Societal polarization	Cyber espionage and warfare	Misinformation and disinformation
6th	Economic downturn	Pollution	Adverse outcomes of AI technologies
7th	Critical change to Earth systems	Inequality	Inequality
8th	Lack of economic opportunity or unemployment	Involuntary migration or displacement	Societal polarization
9th	Erosion of human rights and/or civic freedoms	Geo-economic confrontation	Cyber espionage and warfare
10th	Inequality	Erosion of human rights and/or civic freedoms	Pollution

Risk categories

Economic | Environmental | Geopolitical | Societal | Technological

The current geopolitical climate, following Russia's invasion of Ukraine and with wars raging in the Middle East and in Sudan, makes it nearly impossible not to think about such events when assessing the one global risk expected to present a material crisis in 2025. The risks associated with 'extreme weather events' also is a key concern for the year ahead. The burden of climate change is becoming more evident every year, as pollution from continued use of fossil fuels such as coal, oil and gas leads to more frequent and severe extreme weather events. Heatwaves across parts of Asia; flooding in Brazil, Indonesia and parts of Europe; wildfires in Canada and California; and hurricanes Helene and Milton in the United States are just some recent examples of such events. Similar to 2024, 'misinformation and disinformation' and 'societal polarization' remain key current risks respectively. The high rankings of these two risks is not surprising considering the accelerating spread of false or misleading information, which amplifies the other leading risks we face, from 'state-based armed conflict' to 'extreme weather events'. On the economic front, Inflation is perceived as less of a concern this year than in 2024. However, perceptions of the overall economic outlook for 2025 remain fairly pessimistic.

The global outlook for 2027 is one of increased cynicism, with anticipation of turbulence. The top risk for 2027 according to survey respondents is 'misinformation and disinformation'. Moreover, it is becoming more difficult to differentiate between AI- and human- generated 'misinformation and disinformation'. AI tools are enabling a proliferation in such information in the form of video, images, voice or text. Leading creators of false or misleading content include state actors in some countries. The current and short-term risks landscape may be exacerbated in terms of severity as the world moves towards 2035 – unless we collectively act on such foresight today and work collaboratively across all stakeholder groups towards a more promising future. Environmental and, to a lesser degree, technological risks dominate the long-term global risks landscape. In fact, nearly all environmental risks are included in the top 10 for 2035. [29]

The climate risk is perhaps the greatest challenge humanity has ever or will ever face. Recent research suggests that the threshold for triggering long-term, potentially irreversible and self-perpetuating changes to select planetary systems is likely to be passed at or before 1.5°C of global warming, which is currently anticipated to be reached by the early 2030s. Many economies will remain largely unprepared for "non-linear" impacts. The triggering of a nexus of several related socio-environmental risks has the potential to speed up climate change, through the release of carbon emissions, and amplify related impacts, threatening climate-vulnerable populations. The collective ability of societies to adapt could be overwhelmed, considering the sheer scale of potential impacts and infrastructure investment requirements, leaving some communities and countries unable to absorb both the acute and chronic effects of rapid climate change.[30]

Implications for South Africa

The top five country risks identified by the Executive Opinion Survey in the Global Risk Report 2025 highlights several significant challenges for South Africa (box 6).

South Africa risk landscape

1st	Energy supply shortage
2nd	Unemployment or lack of economic opportunity
3rd	Water supply shortage
4th	Poverty and inequality (wealth, income)
5th	Economic downturn (e.g. recession, stagnation)

Box 6: Top 5 Risks in South Africa[29]

The country is grappling with an energy crisis characterized by power outages and load shedding, which affects businesses, disrupts daily life, and hampers economic growth. The reliance on aging infrastructure and coal-based energy sources exacerbates the problem, making it crucial to invest in renewable energy solutions. High unemployment rates, particularly among the youth, remain a critical issue, leading to increased poverty, social unrest, and a brain drain as skilled workers seek opportunities abroad. Addressing this risk requires comprehensive

policies to stimulate job creation and economic diversification. South Africa is also a water-scarce country, with climate change intensifying the frequency and severity of droughts. Water shortages impact agriculture, industry, and daily living, posing a threat to food security and economic stability. Effective water management and conservation strategies are essential to mitigate this risk.[29]

The 2024/25 Institute of Risk Management South Africa (IRMSA) Risk Report further reflects South Africa's multi-faceted risks. A slow and inefficient state response has weakened public trust, while collapsed government structures hinder policy execution. Economic struggles persist due to low GDP growth, budget deficits, and infrastructure failures, exacerbating poverty and social vulnerability. Corruption undermines the rule of law, leading to declining service delivery, economic stagnation, and rising unrest. Critical sectors such as water, energy, logistics, and food security face severe challenges, including shortages and infrastructure breakdowns. Climate change further threatens stability through extreme weather, while rapid technological advancements pose unforeseen risks. Additionally, weak governance and political interference disrupt education, exacerbating skills shortages. These risks collectively jeopardize South Africa's socio-economic stability and future resilience. [31]

After three decades of democracy, South Africa is at crossroads, shaped by the accomplishments and challenges of our past. Despite progress in some areas, South Africa remains one of the most unequal societies globally, with wealth and income disparities contributing to social tensions and hindering inclusive economic growth. Addressing these interconnected risks requires coordinated efforts at both national and local levels to build resilience and ensure sustainable development.

INTERNAL ENVIRONMENT

The institution's structure and configuration, and other internal institutional factors, influences its ability to deliver on its mandate. Although the Western Cape health system has experienced a range of challenges since 2016, the robustness of the overall platform as developed in the previous twenty years has been well demonstrated. Specifically, this platform supported the rapid, adaptive change needed to respond both to COVID-19 and several climatic events, as well as supporting continued innovation and system-wide developments.[32]

OUR GOVERNANCE SYSTEM

Governance and leadership are widely recognized as central to improving health system performance. In a recently published article, the sustained development of the Western Cape health system in South Africa from 1994 to 2016 is explored. The WCDHW sustained service delivery reform and strengthened management processes over the period 1994–2016 (compared to Gauteng, Kwazulu-Natal and North West). Our Department can be considered a 'pocket of relative bureaucratic effectiveness', an organizational entity that, compared to others, is relatively effective in carrying out its functions in pursuit of the public good.

Sustained health system development in the Western Cape was driven by a combination of inherited advantages and strategic governance practices. Unlike many provinces, the Western Cape entered the post-apartheid era in 1994 with relative structural and bureaucratic advantages. Stable and knowledgeable leadership, coupled with continuity of vision, was a cornerstone of its success, supported by a clear separation of political and administrative powers. Strong stakeholder relationships were pivotal, including effective collaboration with the provincial treasury for budgetary support and strategic interactions with the National Department of Health to navigate central demands. Additionally, partnerships with other stakeholders facilitated capacity development. The province also prioritized robust financial management, the development of in-house technical expertise, and a commitment to learning and adapting, which collectively underpinned its sustained health system improvements.[32]

OUR WORKFORCE

The Department employs 32 519 staff members who are comprised of 65% health professionals and 35% administrative support staff. 92% of the employees are employed in a permanent capacity.

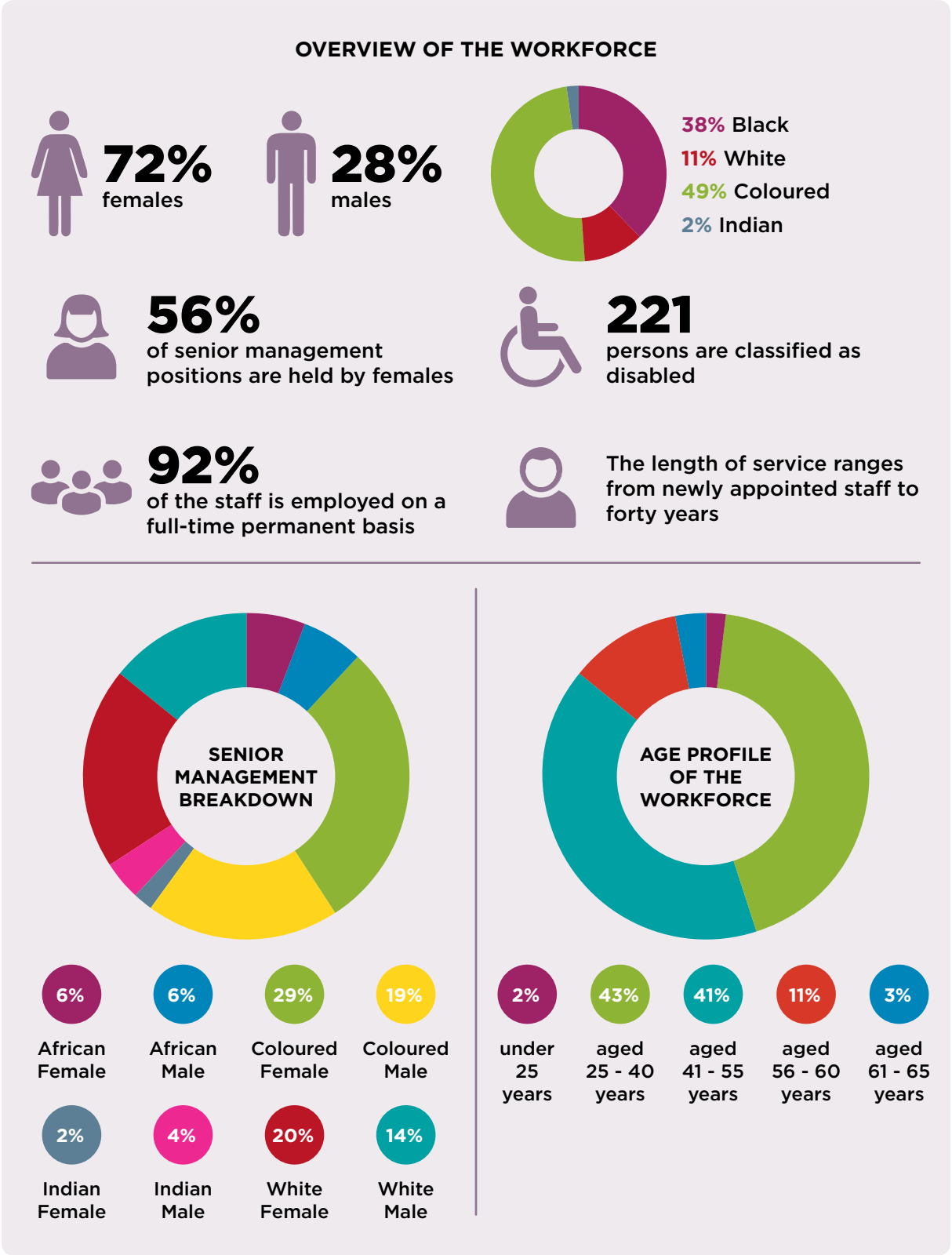


Figure 35: Overview of the Workforce

Employment Equity

The Department has implemented a five-year Employment Equity Plan (EEP) effective from September 1, 2022, to August 31, 2027. This plan aligns with the Department of Employment and Labour's (DEL) focus on achieving a representative and inclusive workforce. The plan includes the following highlights:

- Regular Engagement: Quarterly Employment Equity Consultative Forum meetings were held throughout the reporting period, fostering open communication and collaboration.
- Progress Tracking: The DEL has received the Department's Annual Employment Equity Report, detailing the strides in addressing discriminatory practices and policies through targeted initiatives.
- Addressing Underrepresentation: The plan identifies workforce areas lacking diversity and outlines affirmative action measures to bridge these gaps.
- Beyond Numerical Targets: While addressing numerical and sectoral targets remains crucial, the new Employment Equity (EE) Plan delves deeper. It acknowledges critical areas like succession planning, employee retention strategies, and improvements to the work environment and facilities. This holistic approach aligns with the People Management strategy, ensuring a diverse, capable, and engaged workforce that fosters long term success.

Employee Health and Wellness

The Employee Health and Wellness Programme (EHWP) provides a psychological safety net for all employees and their household members. The Department procured its own EHWP contract during 2023/2024. The contract has undergone a significant transformation and expansion, indicative of the Department's commitment to providing employee wellness services. The EHWP is employee-centred and focuses on personal, emotional, or work related challenges experienced in everyday life. The EHWP engagement rate increased from 29.79% in 2020/21 to 32.33% in 2023/24, with performance peaking in 2022/23 at 37.2%.

The ongoing use of the programme to address personal and work-related issues suggests a measure of trust in the programme's confidentiality. Work related, trauma, relationships, family, and symptoms of mental health issues presented as the primary problem clusters in the annum under review, with three out of the five issues increasing in occurrence. The top presenting problems in the EHWP are summarised in table 3. Work related problems were the problems most frequently presented between 2020/21 and 2023/24. Some of the other themes that featured over the period included trauma, relationships and family.

Table 3: EHWP Top Presenting Problems 2020-2024

	Top Presenting Problems 2020 – 2024			
	Year 1 2020/21	**Year 2 2021/22**	**Year 3 2022/23**	**Year 4 2023/24**
1	Work Related	Work Related	Work Related	Work Related
2	COVID 19	Trauma	Trauma	Trauma
3	Trauma	Family	Relationships	Relationships
4	Family	Relationships	Family	Family
5	Relationships	Mental Health	Legal	Symptoms of Mental Health

OUR FINANCES

The resource outlook for the public health sector remains constrained. Whilst the sector has been partially buffered against the economic head winds the reality is that sub inflationary increases in budget allocations have become the norm. For the 2025/26 financial year the department will allocate resources using risk adjusted equity principles, invest in ecosystems that promote population health-based outcomes and ecosystems that support the reduction in surgical backlogs. Furthermore, we will protect compensation of employees and apply zero based budget methodologies within transfers and capital. Sub inflation increases are applied to goods and services.

In managing the budget deficit, the Department has deployed a combination of strategies and interventions that mitigate against the risks this poses to our constitutional mandated service delivery obligations. These include additional allocations of budget due to population growth and patients serviced, leveraging donor allocations, cost sharing with partners, revenue enhancement and alternative financing sources. To manage expenditure a number of cost savings interventions have been successfully deployed. We have had to enact service prioritization and encourage service re-design through innovation and new service models.

Procurement and Broad-Based Black Economic Empowerment

The Department utilises its BAS information, supported by the WCSEB (Western Cape Suppliers Evidence Bank). Figure 36 from the 2023/24 BAS data highlights categories of Broad-Based Black Economic Empowerment (BBBEE) contained in the scorecard (own Department information) and demonstrates the percentage of budget spent on black, youth, woman, disabilities and SMME ownership.

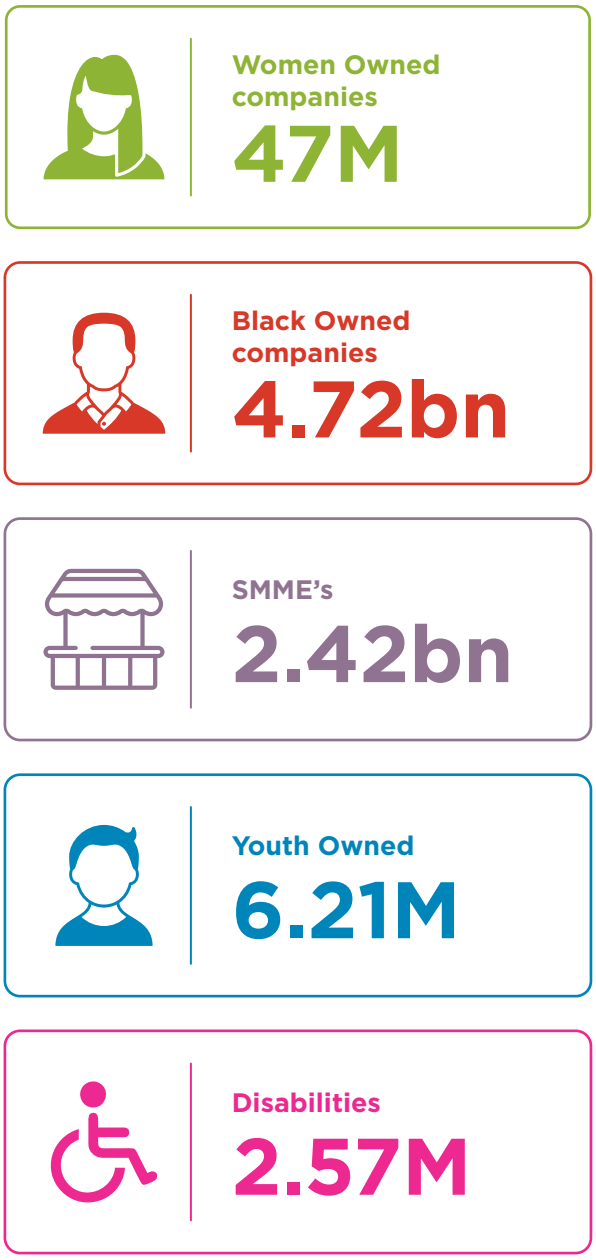


Figure 36: Spend Per Categories of Persons Historically Unfairly Discriminated Against

OUR ENABLERS

Organisational Culture

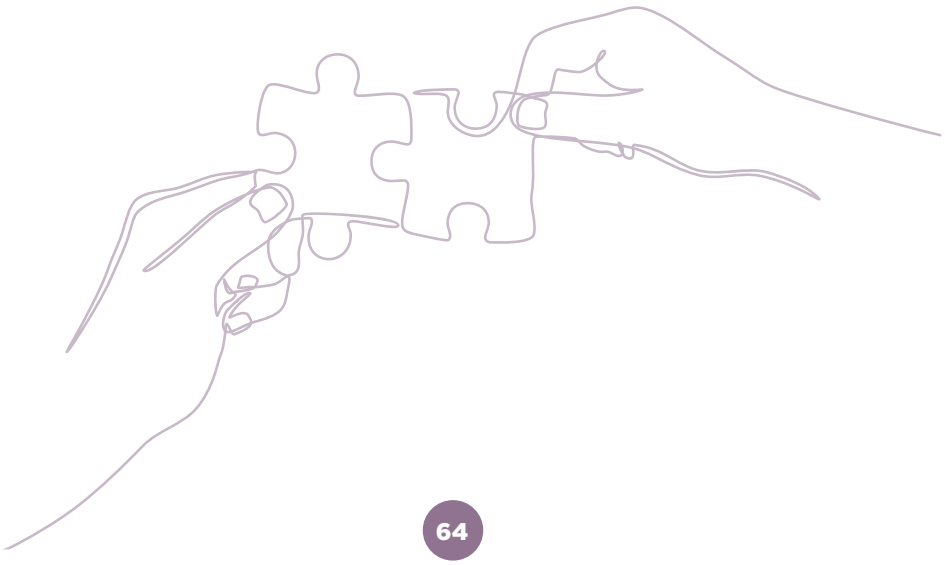
The Organisational Culture and Leadership Transformation journey has been underway in the Department for several years to co-create a people-centred health system with a social learning orientation that is enabled through dispersed leadership. Several leadership development initiatives have been implemented with the goal of creating a workplace culture where employees feel engaged, empowered, included and appreciated for their contributions and their diversity. This culture change is monitored and measured on an on-going basis to gauge the shift towards a more positive workplace culture. Two organisational surveys are conducted in the Department at different intervals. Firstly, the Barrett Values Survey (Assessment of Organisational Culture & Values) and secondly, the Employee Engagement Survey (Assessment of Staff Satisfaction at Work).

The most recent Employee Engagement Survey was conducted in 2023/24, which assesses how content employees are with various aspects of their job and work environment. Feedback was obtained from a total of 8 048 employees in the Department across four areas: employee engagement, leadership excellence, strategy and goal alignment and organisational capability.

The 2023 results indicate a positive shift in diversity and inclusion, which is essential for strengthening the Department's ability to achieve its objectives. One of the key strengths is the confidence demonstrated by immediate managers, who provide clear and constructive feedback while effectively managing change. This approach fosters an environment of openness and trust within teams. Employees also feel that the Department's goals and strategies are communicated clearly, allowing them to understand how their individual and collective contributions align with these objectives. Additionally, team engagement is actively promoted, and patient and client feedback is effectively integrated into operational processes, leading to improved service quality.

Despite these strengths, some areas have shown a decline, highlighting opportunities for improvement. Increased workloads are negatively affecting overall health and wellbeing, emphasizing the need for better workload management. Establishing a safer working environment is crucial for fostering collaboration and building a culture of trust. Open and transparent communication is needed to address conflicts and differing perspectives constructively. Furthermore, ensuring equal opportunities for professional development remains an area requiring attention.

Together with the senior management, the Department is working with staff to share the findings and participate in continuous discussions to address these challenges. The context of the fiscal climate and impact on staff in terms of burnout and wellbeing perspective should be borne in mind. The Staff Satisfaction Survey is being conducted for the current financial year. As per the Department's survey cycle, the Barrett Values Survey will be conducted in 2024/25.



Information and Communication Technology (ICT)

The ICT capability within the Department plays a vital role in enabling and enhancing the delivery of adequate health services and achieving Departmental aspirations. Modern Information Technology (IT) systems, along with automation and digitization, have significantly transformed the way we manage data, create dashboards, share information and communicate effectively. As we progress from the third industrial revolution (automation and globalization) to the fourth (digitalization) and now into the fifth (personalization), the complexities and benefits of earlier revolutions are being integrated in collaboration with people. This shift towards innovation and inclusion has reshaped IT as a fundamental enabler that empowers staff to deliver essential health services within prescribed digital goals. The 5-year IT Roadmap will further outline priorities within this framework. The lessons learned over recent years affirms that IT acts as an enabler for service delivery resilience. As we move forward, the foundational elements of IT will be essential for sustaining a positive impact on service delivery. Figure 37 outlines the ICT Infrastructure available in the WCDHW.

Over the next five years, advancements in ICT, specifically the use of AI, has significant transformative potential across multiple sectors, including healthcare. The vision is to use AI to transform South Africa's economy, reduce unemployment, and foster innovation. Ensuring that AI contributes to social equity by addressing disparities and improving access to services is a key goal. AI can help bridge gaps in areas like healthcare, education, and economic opportunities, promoting inclusiveness and reducing inequalities.

In healthcare, AI can enhance early disease detection, optimize hospital workflows, and improve patient outcomes. AI-powered diagnostics have already demonstrated their ability to identify subtle abnormalities in medical images, leading to earlier and more accurate diagnoses while reducing false positives. Africa, however, lags in AI healthcare implementation. The development of a National AI Policy in South Africa is a strategic imperative to guide the responsible and ethical development, deployment, and utilization of artificial intelligence across all sectors of society. As AI technologies rapidly advance, they offer unprecedented opportunities for economic growth, improved public services, and enhanced quality of life.

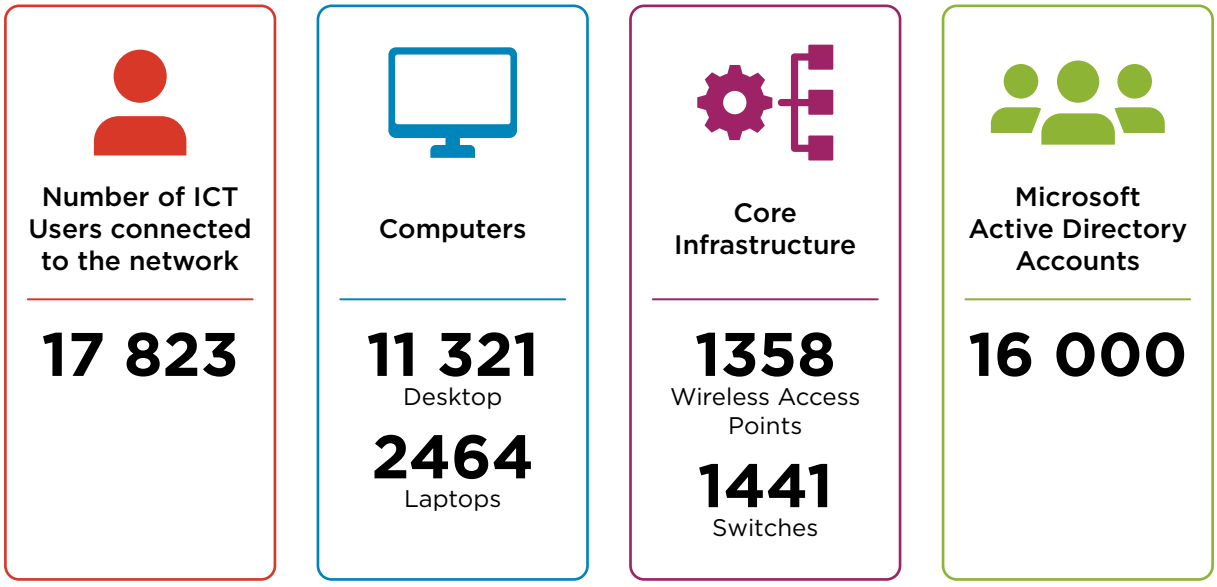


Figure 37: ICT Infrastructure (as at 6/12/2024)

Infrastructure developments

One of the key objectives of infrastructure management is to meet the desired level of service in the most effective, economical and efficient manner. The objective is to ensure facilities are accessible to the dependant population and in areas where the burden of disease impact is the greatest. Furthermore, infrastructure has been identified as a critical enabler for the WCDHW Recovery, Resurgence, and Reset Strategy in line with the Healthcare 2030 Acute Hospital Bed Plan.

WCDHW is implementing three catalytic and important infrastructure projects namely Tygerberg Central Hospital, which will unlock the service delivery for the Helderberg, Khayelitsha and Karl Bremer ecosystems; Belhar (Tygerberg) Regional Hospital, which will strengthen the more extensive Metro East ecosystem; and Klipfontein Regional Hospital, which will strengthen the more extensive Metro West ecosystem. These projects are expected to not only benefit the health system but also provide economic spin-offs for the surrounding communities as part of the Department's contribution to jobs and the economy. Other major projects that have been identified are the new Helderberg Regional Hospital and the Swartland District Hospital replacement.

Climate resilience

Western Cape Government, through the WCG Department of Environmental Affairs and Development Planning (WCDEA&DP), prepared the Western Cape Climate Change Response Strategy: Vision 2050 whereby it aspires to be a net zero carbon emissions province by 2050, built on an equitable and inclusive economy and society that thrives despite the shocks and stresses posed by climate change. This strategy guides the bold shifts required by 2030 to ensure we meet our emissions reduction targets and create social and economic resilience in the face of climate destabilisation through the course of the next three decades up to 2050. WCDEA&DP prepared the Implementation Plan for the Western Cape Climate Change Response Strategy, dated March 2023, which aims to accelerate the province's climate response actions to mitigate its greenhouse gas emissions footprint and increase its resilience. The Implementation Plan details 50 responses required in the lead-up to 2050.

WCDHW has been participating in Health Care Without Harm's Global Green and Healthy Hospitals project since 2015. In March 2021, the Department officially joined the United Nations Framework Convention on Climate Change's Race to Zero campaign and confirmed its commitment to achieve net zero emissions by 2050 or sooner and to achieve an interim target of 20% reduction of measurable emissions over its 2015 baseline by 2030 or sooner. The Department has formally registered climate change as a strategic risk and endorsed the forming of a climate change committee consisting of various internal stakeholders to oversee its mitigation strategies. The strategies include both mitigation to reduce the Department's carbon emissions as well as adaptation strategies to address the adverse population impact of climate change including disaster preparedness and emergency services. The committee works in partnership with HEIs and other partners like WCGDEA&DP. Furthermore, a Climate Change Operational Committee was established to report on the implementation of climate change projects and initiatives.

Over the past six years, WCDHW has implemented various initiatives to mitigate climate change and its impact. These efforts include the use of smart metering for electricity and water to improve monitoring and billing, as well as conducting energy efficiency audits of facilities and feasibility studies on energy management opportunities and interventions. The department has also incorporated energy-saving initiatives into maintenance activities and monitored the estimated savings achieved. Additionally, behaviour change interventions have been introduced to promote awareness and responsible electricity and water consumption. To enhance energy resilience, hybrid inverter backup systems have been installed at PHC facilities instead of diesel generators, and element heaters have been replaced with heat pumps for hot water generation. Other initiatives include the installation of energy-efficient lighting at facilities, the development of boreholes and treatment plants for domestic water use at certain hospitals, and the implementation of alternative health care risk waste disposal systems at selected hospitals.

OUR DUTY IN RESPECT OF QUALITY CARE

Occupational Health and Safety

Healthcare 2030 indicates that Caring for the Carer is a key focus area of the WCDHW. Safe and healthy workers are more productive and there is increasing evidence showing that staff satisfaction is directly related to improved patient satisfaction. The WCDHW is committed to ensuring employees' safety, health, wellbeing and engagement in the workplace. The Occupational Health and Safety (OHS) Act places an obligation on employers to provide a "working environment that is safe and without risk to the health and safety of his employees". Thus, the WCDHW also has a legal responsibility of providing a safe and healthy environment for its employees. WCDHW's commitment to achieving an optimal working environment in all facilities and services falling under its control is informed by the Safety, Health, Environment, Risk and Quality (SHERQ) policy (Circular H58-2023).

In the past, implementation of the OHS service was met with numerous challenges. The recent COVID-19 pandemic and increased enforcement by the Department of Employment and Labour highlighted the need for a properly functioning OHS service. A recent situational analysis revealed that the challenges included poor implementation of the OHS programmes, a lack of OHS capacity (suitably trained OHS professionals), and associated under-reporting of occupational injuries and diseases.

To improve OHS in the province, a decentralised OHS service, comprising of both rural-based and metro-based services, with central OHS support (clinical and non-clinical) was adopted and will be implemented in a phased manner over the next 5 years. Funding was allocated to create posts for OHS professionals as part of the first year of the implementation plan. Clinical referrals, as appropriate, are made to the relevant specialist occupational medicine clinics at the tertiary hospitals. Non-clinical OHS support is provided by the provincial OHS team, with representatives from the Chief Directorates of Strategy (Directorate: Assurance), People Management (SHERQ) and Facilities and Infrastructure Management (Directorate: Facilities Management). Nominated representatives of the various services and units serve on the WCDHW OHS Technical Committee.

Since the appointment of an Occupational Medicine Specialist as the dedicated provincial OHS coordinator in the Assurance directorate, OHS functions as a separate leg. The provincial OHS coordinator is responsible for coordinating the OHS programmes within the service and providing OHS support to districts and facilities. The programmes within the collaborative managed OHS service are described in table 4.

Despite significant progress made, the WCDHW is still in the early stages of providing a fully functional OHS service. The unfavourable financial climate, with austerity measures, has made its implementation particularly challenging. The monitoring and evaluation framework is under development, with a determination on appropriate OHS indicators. To facilitate record keeping and monitoring and evaluation, the e-health system known as OHASIS (Occupational Health and Safety Information System) was procured from the National Institute for Occupational Health (NIOH) and is being rolled out across all facilities. Currently, the WCDHW still has challenges with OHASIS – notably, it is not yet able to generate reports on OHS indicators. During the period 2025/26, WCDHW OHS professionals will work towards successfully delivering the OHS programmes, finalising the OHS indicators and monitoring and evaluation framework, and improving OHASIS for OHS information management in the Department.

Table 4: Programmes Within the OHS Service

1 Risk Assessment and Risk Management

- Workplace Health Risk Assessments (HRAs) / Hazard Identification and Risk Assessments (HIRAs)
- Occupational Hygiene services
- Safety inspections
- Construction OHS
- Risk management programme

2 Medical Surveillance and Preventative Management

- Biomonitoring and/or medical surveillance
- Staff immunisation
- Employee Wellness*

*Employee Wellness services are outsourced to an external service provider and coordinated by People Management.

3 Incident Reporting, Compensation for Occupational Injuries and Diseases (COID) Management and Disability Management

- Occupational medicine emergencies
- Occupational exposures, injuries and diseases management
- Fitness and incapacity management

4 Environmental Health

- Health Care Risk Waste management
- Environmental health programmes support

5 Education and Health Promotion

- Worker hazard education programme
- Provincial OHS training programme (for statutory appointments)
- Occupational health staff education and training

6 Policy framework and resources

- Policies, guidelines and SOPs
- Resource repository and advisory support

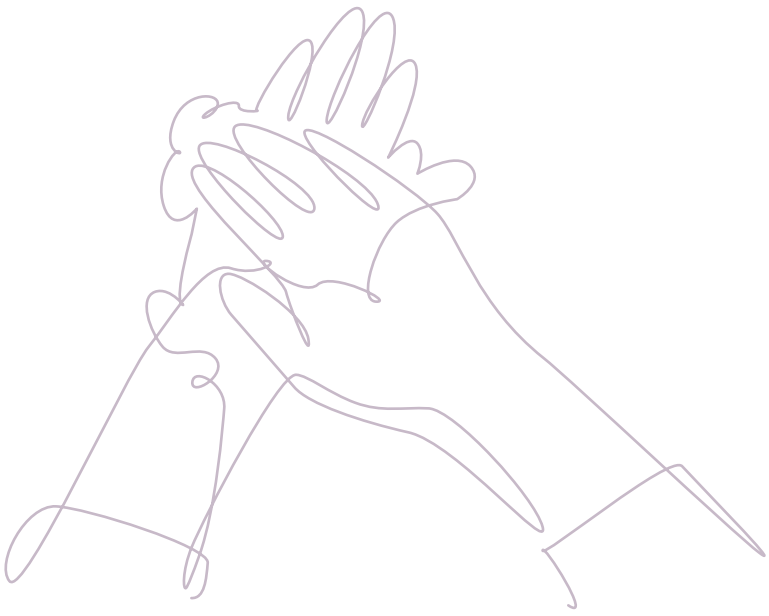
7 OHS Systems

- Governance and organisational structure
- Legislative compliance
- Fire compliance
- Electrical compliance
- Disaster management**

**Disaster Management services are managed by the EMS Disaster Medicine and Mass Events team, with the involvement of OHS stakeholders.

8 Monitoring, evaluation and research

- Monitoring and evaluation framework
- Record management
- Occupational Health Information Management System
- Research



Quality of Care

Delivering quality and safe health services is both a national and a provincial priority. The Batho Pele principles of consultation, setting service standards, increasing access, ensuring courtesy, providing information, openness and transparency, redress and value for money provides a national guide of the key elements of quality service delivery in the public sector more generally. The essence of Healthcare 2030 and the Departmental vision is "access to person-centred quality care". Building a culture of continuous improvement to quality is a deliberate and systematic process.

A person-centred health service is one that ensures that our patients have a superior experience when accessing health services in the Western Cape and this was previously evaluated through patient satisfaction surveys. Since 2022/23, the province transitioned from implementing the Patient Satisfaction Survey (PSS) to implementing the Patient Experience of Care (PEC) programme. In the first year of the transition, the PEC surveys concluded with an overall provincial performance of 76.96%. A continuous improvement can be observed as this average increased to 81% in 2022/23 and further to 83.1% after quarter 1 and quarter 2 of FY 2024/25.

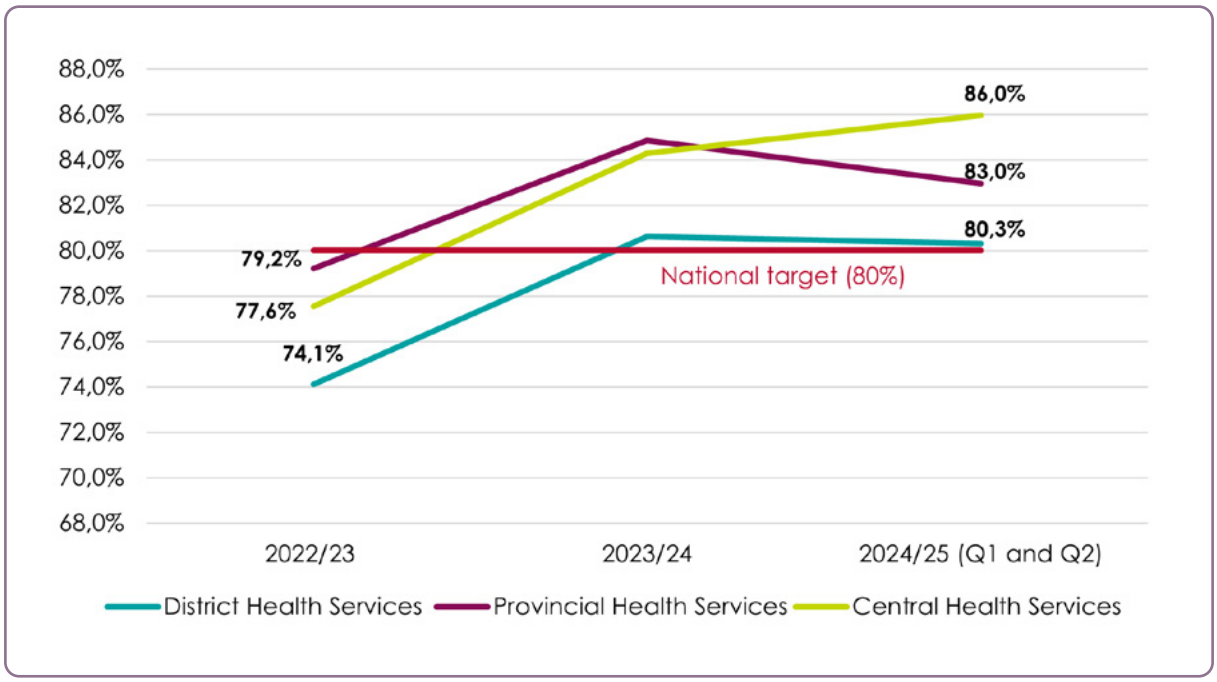


Figure 38: Patient Experience of Care Satisfaction Rate 2022/23 to 2024/25 Q1 and Q2

Figure 39 highlights continuous good performance for complaints resolution within 25 days rate between 2020/21 and 2024/25, as we have far exceeded the National target of 75%. The Complaints, Compliments and Suggestions (CSS) programme has strengthened significantly over time, resulting in continued development of the CSS system and the service being entrenched into the daily activities.

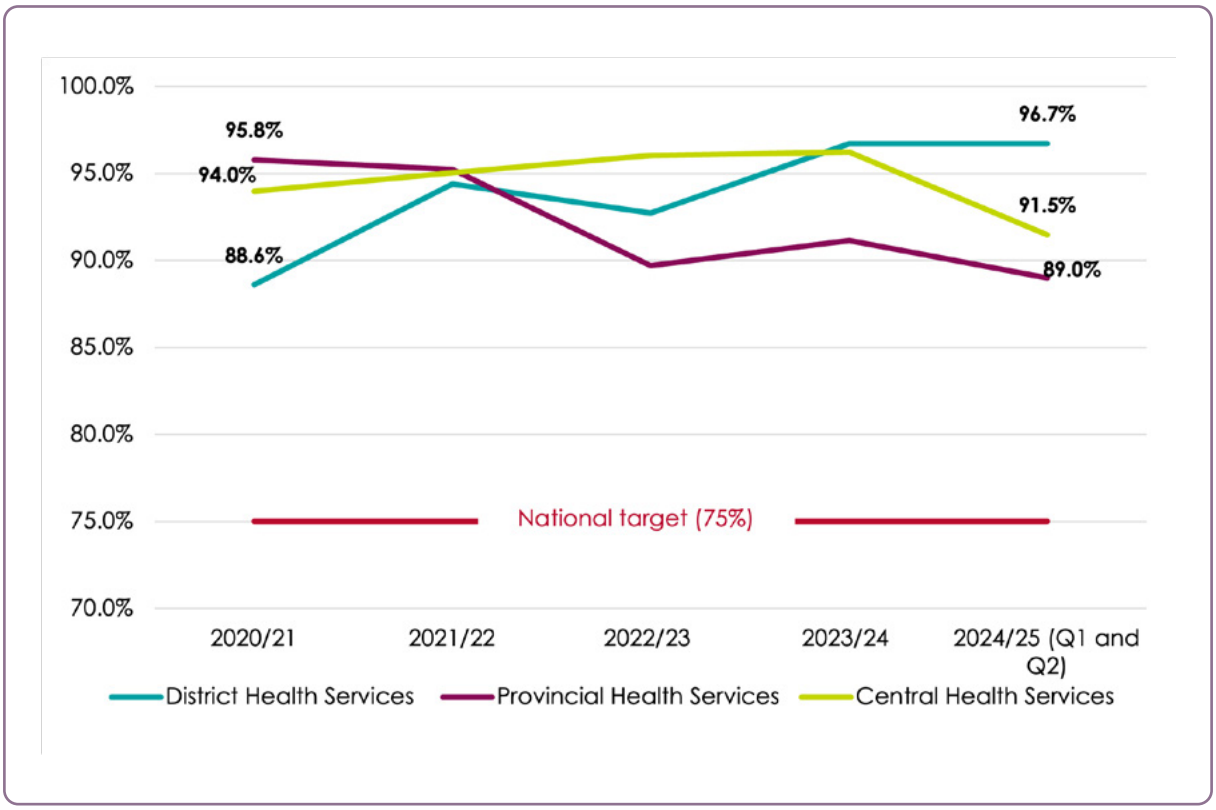


Figure 39: Complaints Resolution Within 25 Working Days Rate 2020/21 to 2024/25 Q1 and Q2

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PART C:

Measuring Our Performance

We rise by lifting others.

Robert Ingersoll

PERFORMANCE MEASURES

MTDP Strategic Priority 2

Reduce poverty and tackle the high cost of living

MTDP Desired Impact

A more equal society where no person lives in poverty; A cohesive and united nation

WCDHW Impact Statement

A provincial public health system capable of creating the wellbeing opportunities FOR YOU to live a long, healthy, meaningful and dignified life.

OUTCOME PERFORMANCE MEASURES

Children and young people have the health resilience to thrive

Indicator	Baseline	2030 Target
Infant Mortality Rate	16.1 / 1000	16.1 / 1000
Perinatal Mortality Rate	24.7 / 1000	22.5 / 1000
Under 5 Mortality Rate	19.2 / 1000	19.2 / 1000

People of working age are resilient and have the agency to maintain and restore their health and wellbeing

Indicator	Baseline	2030 Target
In-facility Maternal Mortality Rate	57.5 / 100,000	55 / 100,000
Proportion of total people living with HIV on ART	72%	95%
TB admission-associated mortality ratio	146 / 10 000	120 / 10 000

Older people are resilient and have the agency to attain and sustain the best possible quality of life

Indicator	Baseline	2030 Target
Life expectancy at birth male	66.2	67.2
Life expectancy at birth female	70.5	71.5
HbA1c (glucose) control	46.3%	50%

A high-performance provincial health system FOR YOU

Indicator	Baseline	2030 Target
Proportion of unqualified or clean audit opinions	100%	100%
Organisational Cultural Evolution	Level 5 (Alignment)	Level 6 (Collaboration)

CONNECTING THE DOTS

The Department stewards a strong shared commitment to creating wellbeing opportunities for people of the Western Cape to live a long, healthy, meaningful and dignified life. This transformative change seeks to support people across the life course to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'. A provincial public health system that is 'run well' means using our resources wisely (being prudent); to get the best possible outcomes (doing what works); and experience (doing what matters) for the population we serve; we all have a part to play.

The Department has identified four core outcomes as detailed below to achieve our wellbeing ambitions over the next 5 years. Health behaviours and lifestyles are leading contributors to the so-called 'quadruple burden of disease' and premature mortality in our residents. The challenges across the life course have been framed as 'colliding epidemics' - encompassing hyperendemic HIV/AIDS with concurrent high burden of TB; high rates of violence and injuries; persistently high levels of maternal and child mortality; and the steady rise of NCDs. There are common contributors to this disease burden and important drivers that are having the biggest impact on health outcomes. But because these challenges vary for each age group, the service priorities focus on drivers of the disease burden for children and young people (including adolescents), working-age adults and older people. While the system priority focuses on preparing for UHC, enhancing technical efficiencies, ensuring a capable workforce and improved access to care. See Figure 40 for alignment of the PSP 5-year portfolio outcomes and MTDP strategic priority outcomes with the Department's outcomes and outputs.

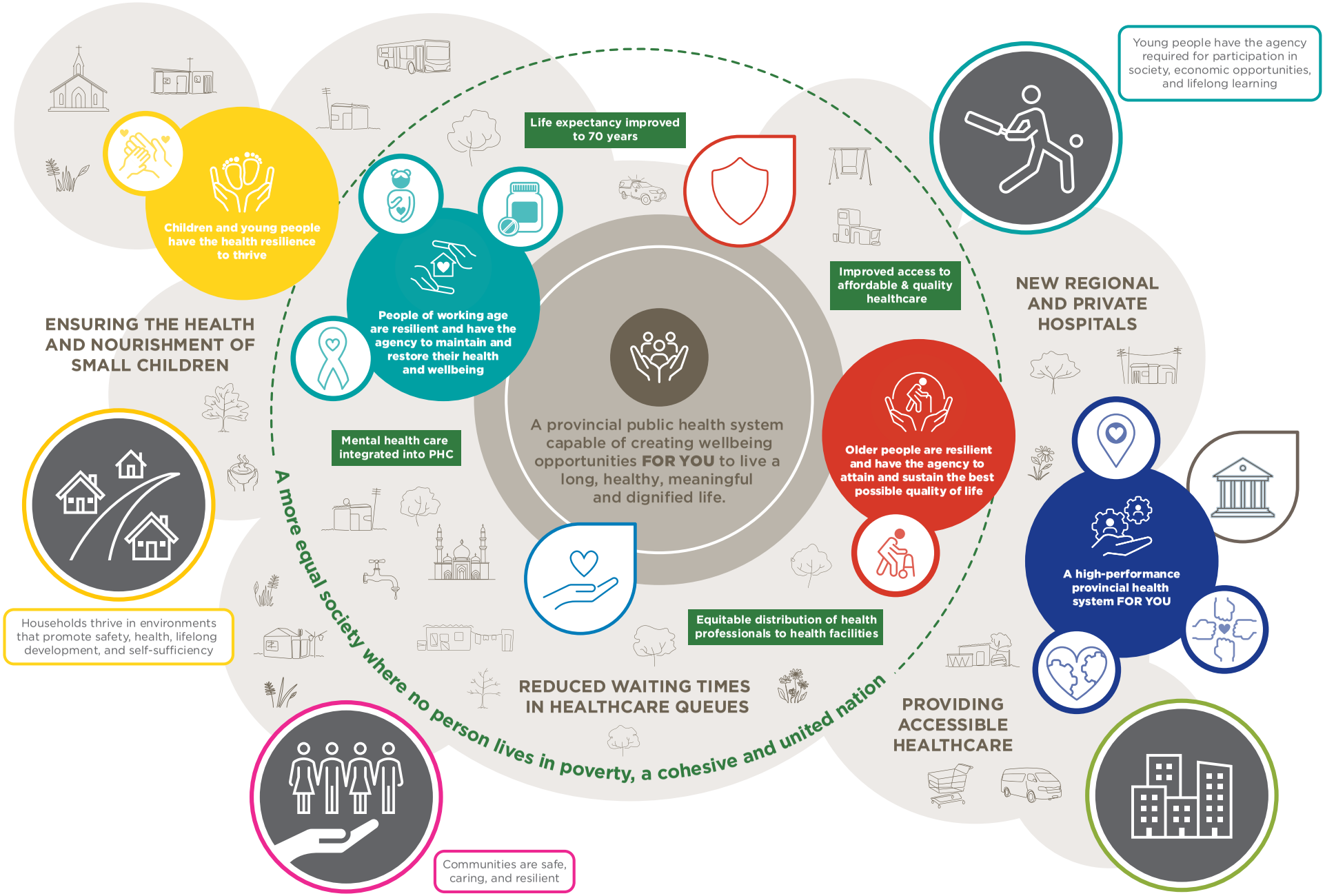

Figure 40: Mapping the WCDHW's Strategic Plan

EXPLANATION OF PLANNED PERFORMANCE OVER THE NEXT 5 YEARS

Children and young people have the health resilience to thrive

While the province has achieved the SDG targets for maternal mortality and the under 5 mortality rate, children and young people remain a major focus for the province and the Department. Enabling children and young people to 'start well' is fundamental to improving the long-term wellbeing of our population. There is a growing body of evidence that shows that the foundations of a person's lifelong health are largely set during the first 1,000 days; and that experiences during childhood can affect our health throughout the life course. Adverse childhood experiences and trauma are increasingly being linked to physical and mental health problems in adulthood and ultimately greater disability and (premature) mortality. Investing in the first 1000 days (& beyond) allows for a shift in the trajectory of a child's life, which if sustained, ultimately narrows inequality and supports human development potential across the life course.

The focus on the health resilience of children, aligns with the National focus on child survival. Intergenerational interventions are required to interrupt continuous cycles of ill-health and violence, necessitating a shift in focus from interventions aimed at only the infant and child from after birth to that of both the mother-baby dyad starting before conception, in the context of family, community and environment. From a public health perspective, it requires a further shift from a disease-orientated approach towards a more holistic recognition of the role of wider determinants of health and the adoption of an intersectoral approach to wellbeing. It calls on the health care system to engage with other sectors in transversally redesigning care services for children and young people as well as for supportive relationships by health workers towards families to model and promote the essential nurturing care on which the infant brain depends for its optimal development.

People of working age are resilient and have the agency to maintain and restore their health and wellbeing

There is a need to ensure that people can 'live well' through being healthy and active and by accessing early help and support. Living well during adulthood creates huge benefits in older age. Producing better health outcomes is premised on the development of a set of well-defined context-sensitive co-created service interventions capable of meeting population health needs. HIV remains the third leading cause of maternal mortality. Therefore, managing the health of women living with HIV and preventing vertical transmission of HIV remains a critical intervention for ensuring that women and children survive and thrive. HIV/AIDS and NCDs remain a significant part of the burden of disease and thus interventions in this area would need to ensure people with these conditions are well managed. This requires taking into consideration the environmental and personal factors which impacts on peoples' capability for self-management, when designing models of care for people with long-term conditions.

Older people are resilient and have the agency to attain and sustain the best possible quality of life

The increasing age of our population in the Western Cape means there are growing needs for health and care, as older people are experiencing a greater burden of ill health and more people have multiple chronic conditions. It is important that we enable older people to feel supported to 'age well' and to live in the least-restrictive environment and to remain healthy and active members of the community. In most countries, health systems, and primary health care (PHC) systems in particular, are not well designed for older people, who have a different set of health needs to the younger population. Older people often have reduced physiological reserves and tend to have more complex and chronic multi-system problems, requiring more comprehensive and multi-disciplinary interventions. Furthermore, older people may struggle to access healthcare and are made more vulnerable to receiving

inadequate care and having poor health outcomes by their diminished financial resources and inherent capacities. Older people often face difficulties with transport to clinics, long waiting periods (which impose physical burden on older persons) and a general lack of health worker expertise on the management of chronic illness and geriatric issues.

A high-performance provincial health system FOR YOU

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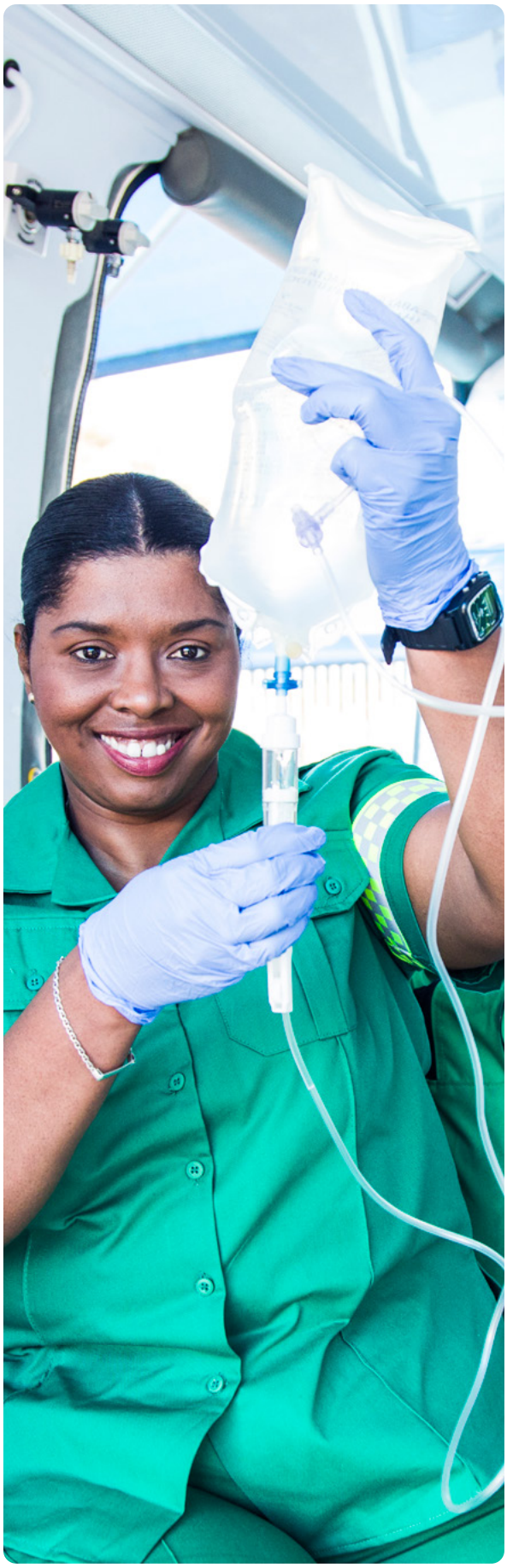

KEY RISKS & MITIGATIONS OF THE STRATEGIC PLAN

Children and young people have the health resilience to thrive.

Risk	Fragmented care in the City of Cape Town District As a consequence of the dual authority arrangement for personalized primary health care
Mitigation	• Health service continuity plans in place with the City of Cape Town • Expedite the finalization of the negotiations with the City of Cape Town to transfer the remaining facilities over to the Department.
Risk	Outbreak of vaccine preventable disease As a consequence of the low rate of population immunity
Mitigation	• Regular and vigilant surveillance • Outbreak response plan • Strengthen collaboration and coordination among human health, veterinary health and environmental health sectors. • Prioritise the immunisation/vaccination programme
Risk	Severe resource constraints As a consequence of the global and local economic downturn; and shifts in the donor funding landscape
Mitigation	• Appropriate health service continuity plans in place • Re-directing resources towards more cost-effective service delivery models
Risk	Impact of environmental and personal factors on wellbeing As a consequence of the wider determinants of health
Mitigation	• Adoption of the Whole of Government Approach (WOGA) and Whole of Society Approach (WoSA)

People of working age are resilient and have the agency to maintain and restore their health and wellbeing.

Risk	Fragmented care in the City of Cape Town District As a consequence of the dual authority arrangement for personalized primary health care
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Mitigation	• Appropriate health service continuity plans in place • Re-directing resources towards more cost-effective service delivery models

Risk	Impact of environmental and personal factors on wellbeing As a consequence of the wider determinants of health
Mitigation	• Adoption of the Whole of Government Approach (WOGA) and Whole of Society Approach (WoSA)

Older people are resilient and have the agency to attain and sustain the best possible quality of life.

Risk	Outbreak of vaccine preventable disease As a consequence of the low rate of population immunity
Mitigation	• Regular and vigilant surveillance • Outbreak response plan • Strengthen collaboration and coordination among human health, veterinary health and environmental health sectors. • Prioritise the immunisation/vaccination programme
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Mitigation	• Appropriate health service continuity plans in place • Re-directing resources towards more cost-effective service delivery models
Risk	Impact of environmental and personal factors on wellbeing As a consequence of the wider determinants of health
Mitigation	• Adoption of the Whole of Government Approach (WOGA) and Whole of Society Approach (WoSA)

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Risk	Climate change impacts and extreme weather events.
Mitigation	• WCG's One Health Approach • Disaster management plans • Health service continuity plans
Risk	Infrastructure 'failures and limitations'
Mitigation	• Improve built environment norms and standards • Rigorous programme management and monitoring with implementers • Appointment of additional implementers • Explore other forms of funding
Risk	Severe resource constraints As a consequence of the global and local economic downturn; and shifts in the donor funding landscape
Mitigation	• Corporate service continuity plans • Employ digital technology for greater technical efficiency
Risk	Digital system failures
Mitigation	• Digital system continuity plans • Data system protection mechanisms • Routine maintenance of hardware and software
Risk	Utility supply shortage
Mitigation	• Strategies in place for responsible use of energy and water • Health service continuity plans

PUBLIC ENTITIES

Not applicable

PART D:

Technical Indicator Descriptions

I believe one of the greatest mistakes made by human beings is to want certainties when trying to understand something. The search for knowledge is not nourished by certainty: it is nourished by the radical absence of certainty.

Carlo Ravelli

HbA1c (glucose) control

Definition	Percentage of persons inferred with diabetes who have had an HbA1c done and whose HbA1c is <8% which indicates glycaemic control and is associated with decreased risk of developing complications due to diabetes.
Source of data	Provincial Health Data Centre (PHDC) Diabetes cascade based on National Health Laboratory System (NHLS) results
Method of calculation	Numerator: Number of HbA1c done which are less than 8% Denominator: Number of persons inferred with diabetes who have had an HbA1c done
Means of verification	NHLS laboratory results
Assumptions	Inference of number of persons with diabetes is based on evidence of diabetes medication issued to them, laboratory results and/or ICD-10 codes
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Desired Performance	Increases in proportion of persons with diabetes with glycaemic control indicate appropriate management of diabetes at facility level
Indicator Responsibility	Executive Management (TEXCO)

Infant mortality rate

Definition	The number of deaths of children under one year of age per 1000 live births in that same period in public and private facilities.
Source of data	Mortality and live birth reports, Statistics South Africa
Method of calculation	Numerator: Total number of deaths in children under 1 year of age Denominator: Live births in public and private facilities
Means of verification	Mortality and live births reports, Statistics South Africa
Assumptions	Accurate reporting of death and birth data
Disaggregation of beneficiaries	Age: 0-28 days, Age: 29 days - <1 year
Spatial transformation	N/A
Desired Performance	Lower death rates in children under 1 indicate better antenatal care, better maternal nutrition and better perinatal management.
Indicator Responsibility	Executive Management (TEXCO)

In-facility Maternal Mortality Rate

Definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility
Source of data	Sinjani
Method of calculation	Numerator: Maternal death in public facilities Denominator: Live births known to facilities (Live birth in facility plus baby born alive before arrival at facility)
Means of verification	Sinjani maternal death notification line listing; Maternal Death Notification form; Labour Ward Register/ Integrated birth register/ Combined Labour Ward Register / Perinatal line list
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Desired Performance	Lower
Indicator Responsibility	Executive Management (TEXCO)
Notes	Indicator includes DHS and referral hospitals.

Life expectancy at birth

Definition	Life expectancy at birth is the average number of years that a cohort of people would live, based on age-specific mortality rates. It is a summary of the mortality pattern across all age groups for a given year and reflects the overall mortality level of a population.
Source of data	Statistics South Africa
Method of calculation	Modelled data, based on a set of assumptions
Means of verification	Modelled data, generally reported in the mid-year estimates report, Statistics South Africa
Assumptions	Based on age-specific mortality rates of the geographic area
Disaggregation of beneficiaries	Per 5-year period, as provided in the mid-year population estimates report
Spatial transformation	N/A
Desired Performance	Life expectancy would increase
Indicator Responsibility	Executive Management (TEXCO)
Notes	This is being tracked for males and females separately

Organisational Culture Evolution

Definition	This refers to growth and level of maturity of the organizational culture over time. The more mature the organizational culture, the more enabled and aligned the work environment is for people to thrive.
Source of data	Barrett Culture Evolution Report
Method of calculation	Indicator Level of the Organisational Culture
Means of verification	There are 7 levels in the Barrett Org Culture Model that indicates the maturity of organisational culture: Level 1: Viability (Focus: Ensuring Sustainability) Level 2: Relationships (Focus: Building Relationships) Level 3: Performance (Focus: Achieving Excellence) Level 4: Evolution (Focus: Continuously Evolving) Level 5: Alignment (Focus: Authentic Expression) Level 6: Collaboration (Focus: Cultivating Communities) Level 7: Contribution (Focus: Living Purpose)
Assumptions	Accuracy is dependent on the response rate of completed surveys.
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Desired Performance	Achieving an organisational culture evolution towards Level 6: Collaboration (Cultivating Communities)
Indicator Responsibility	Executive Management (TEXCO)
Notes	Evolution report will be available after each survey that is conducted every 2 years. In support of the strategic direction of the department, the desired org culture maturity Level 5 (Alignment) should be maintained, with a shift towards Level 6 (Collaboration).

Perinatal mortality rate

Definition	The number of stillbirths and deaths in the first week of life (early neonatal deaths) per 1000 live births in public and private facilities.	
Source of data	Mortality and live birth reports, Statistics South Africa	
Method of calculation	Numerator	Total number of stillbirths and deaths within the first week of life
	Denominator	Total number of births (still births and live births) in public and private facilities
Means of verification	Mortality and live births reports, Statistics South Africa	
Assumptions	Accurate reporting of death and birth data	
Disaggregation of beneficiaries	Still births and deaths age: 0-7 days	
Spatial transformation	N/A	
Desired Performance	Lower stillbirths and death rates in children within the first week of life indicate better antenatal and perinatal care.	
Indicator Responsibility	Executive Management (TEXCO)	
Desired Performance	Higher	
Indicator Responsibility	Executive Management (TEXCO)	

Proportion of total people living with HIV on ART

Definition	The proportion of all people in the public sector of the Western Cape known to be living with HIV who are on antiretroviral treatment
Source of data	HIV cascade in the PHDC
Method of calculation	Numerator: Number of people in the Western Cape public sector on ART Denominator: Number of people in the Western Cape public health sector known to be living with HIV
Means of verification	The PHDC infers HIV episodes and receipt of antiretroviral therapy using electronic clinical data, including NHLS laboratory results, HIV registers and treatment regimens.
Assumptions	We acknowledge that this is not all people in the Western Cape who are estimated to be living with HIV (it excludes patients who are managed only in the private sector and it excludes PLHIV who have never made contact with public sector health services)
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Desired Performance	Higher
Indicator Responsibility	Executive Management (TEXCO)
Notes	This is not the same calculation as is used for National 95-95-95 indicators

Proportion of unqualified and/or clean audit opinions

Definition	Outcome of the audit conducted by the Auditor-General of South Africa (AGSA).
Source of data	Audit Report of AGSA
Method of calculation	Numerator: Number of unqualified and clean audit opinions for the period 2025 to 2030 Denominator: Total number of audits conducted between 2025 and 2030
Means of verification	Audit Report of AGSA
Assumptions	Accurate reporting
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Desired Performance	Unqualified or clean audit i.e. no matters of emphasis
Indicator Responsibility	Executive Management (TEXCO)
Notes	• For the purposes of this indicator 'clean audit opinions' and 'unqualified audit opinions' will be counted together • The audit opinion expressed during the current financial year will relate to the audit outcome of the previous financial year (e.g. the audit opinion expressed during 2024/25 will relate to the audit outcome of 2023/24).

TB admission-associated mortality ratio

Definition	The number of deaths during a TB-associated hospital admission expressed as a ratio against the total number of TB episodes diagnosed in the province (for the same fiscal year).
Source of data	PHDC TB Clinical Cascade and Encounters table
Method of calculation	Numerator: Total number of stillbirths and deaths within the first week of life Denominator: Total number of births (still births and live births) in public and private facilities
Means of verification	The PHDC infers TB episodes using electronic clinical data, including NHLS laboratory results, TB registers, and treatment regimens. Deaths and dates of death are obtained from electronic services platforms like Clinicom, Primary Health Care Information System (PHCIS) and TB registers, while admissions and primary ICD-10 diagnostic codes are sourced by the PHDC from Clinicom.
Assumptions	• Included deaths are TB-related. Without cause-of-death data, we restricted included deaths to those with a high likelihood of being partly due to TB, namely deaths during TB associated admissions within 6 months of first evidence for TB. • The TB admission-associated mortality ratio describes severe TB outcomes relative to diagnosed TB episodes. A decrease in this ratio indicates either more episodes diagnosed relative to severe outcomes and/or fewer severe outcomes relative to episodes, reflecting improved diagnosis and/or timely treatment. This ratio should be interpreted alongside counts of episodes, admissions, and deaths for the period analysed.
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Desired Performance	Lower, the TB admission-associated mortality ratio describes severe TB outcomes relative to diagnosed TB episodes. A decrease in this ratio indicates either more episodes diagnosed relative to severe outcomes and/or fewer severe outcomes relative to episodes, reflecting improved diagnosis and/or timely treatment. This ratio should be interpreted alongside counts of episodes, admissions, and deaths for the period analysed.
Indicator Responsibility	Executive Management (TEXCO)

Under 5 mortality rate

Definition	Children who die under the age of 5 per 1000 live births in public and private facilities
Source of data	Mortality and live birth reports, Statistics South Africa
Method of calculation	Numerator: Total deaths in children under 5 Denominator: Live births in public and private facilities
Means of verification	Mortality and live birth reports, Statistics South Africa
Assumptions	Accurate reporting of death and birth data
Disaggregation of beneficiaries	Age: 0-28 days, age: 29 days - <1year, age: 1- <5 year
Spatial transformation	N/A
Desired Performance	Lower death rates in children under 5 indicate better Intergrated Management of Childhood Illness (IMCI), better EPI and better treatment of injuries.
Indicator Responsibility	Executive Management (TEXCO)

Annexures

ANNEXURE A.
DISTRICT DEVELOPMENT MODEL

In Western Cape, the District Development Model is implemented using the Joint Metro and District Approach (JMDA). This is a geographical, team-based, citizen-centric approach to integrated service delivery. There is a single support plan per district with various levels of engagement by interface teams. This allows for strategic alignment of all platforms at the various spheres of government, as the interface team has representation from each local municipality, the district municipality, all provincial departments and any relevant national departments. Thus, the interface is both horizontal, between provincial departments, and vertical, between national and provincial departments and municipalities.

In order to strengthen the capacity of municipalities, key projects and support initiatives are identified, with specific Departments assuming various levels of responsibility to drive the projects. Key to the JMDA is the culture of data-driven and evidence-based decision making. This in turn will drive a culture of accountability, which ultimately results in improvement in service delivery that have a meaningful positive impact on the lives of citizens. Furthermore, the JDMA is premised on developmental local government, sustainable service delivery and good governance.

The Department of Health and Wellness acts as a social partner to other Western Cape Government Departments. The projects and areas of intervention in which the Department is involved is shown in the attached table. Since the Department is not a lead department on any specific projects, the Department does not hold the budget for these projects. Any cost to the Department would be carried within the existing operational budget. Effective collaboration and consultation need to take place between the various departments and municipalities.

URBANISATION / INFRASTRUCTURE

Human settlement projects (priority 2.2) are Trans Hex, Vlakkeland, Vredebes, Klapmuts and Robertson

District Municipality	Project leader	Social partners
Cape Winelands District Municipality (CWDM)	Department of Local Government (DLG)	WCDEA&DP, WCDHW, and Local relevant municipal officials

UNEMPLOYMENT

Objective 1: Enhance youth employability and social inclusion

- 30 youth enrolled in vocational training programs; 5 youth cooperatives established and operational; and 30 youth matched with mentors.
- Implement vocational training programs in partnership with local businesses and training institutions
- Establish youth cooperatives and support their economic ventures.
- Facilitate mentorship programs with successful entrepreneurs and professionals

District Municipality	Project leader	Social partners
Witzenberg Local Municipality	CWDM, DLG & WCDHW	Department of Social Development (DSD), Department of Agriculture (DLG), CWDM and relevant local municipal officials

Rollout of First Aid training to unemployed youth

District Municipality	Project leader	Social partners
West Coast District Municipality (WCDM)	EMS / WCDHW	All municipalities Yeboneers

EDUCATION

ECD support for facilities within Cape Winelands District Municipality at the following centres:

- Mental Health ECD centres
- Vrolike Vinkies
- Vukahambe
- Drakenstein Milani
- Trippel Toontjies
- APD Breedevallei

District Municipality	Project leader	Social partners
CWDM	WCDHW and DSD	DSD, WCED, WCDHW, and CWDM

Farmworker Community Health Care worker training project

District Municipality	Project leader	Social partners
CWDM	WCDHW	Philani, Department of Agriculture, SA Wines and CWDM

Witzenberg and Breede valley Farm Project

District Municipality	Project leader	Social partners
CWDM	WCDHW	DSD, NORSA, Department of Agriculture, Farm owners (private partners) and CWDM

Grow Great Project

District Municipality	Project leader	Social partners
Witzenberg LM and Breede Valley LM in CWDM	Grow Great and WCDHW	WCDHW and CWDM

Food Forward Project

District Municipality	Project leader	Social partners
Witzenberg LM and Breede Valley LM in CWDM	Food Forward and WCDHW	WCDHW, Grow Great and CWDM

Book Sharing project

District Municipality	Project leader	Social partners
CWDM	Nakula Trust	WCDHW and CWDM

Early Childhood Development (ECD) support

District Municipality	Project leader	Social partners
Overberg DM	DSD, WCED and WCDHW	Not specified

Implementation of the District Health Plan

District Municipality	Project leader	Social partners
WCDM	WCDHW	Department of Economic and Development and Tourism (DEDAT)

SUPPORTING WELLBEING & RESILIENCE

Objective 2: Improve youth's resilience and coping mechanisms

- 30 youth participated in life skills training workshops; 3 recreational/sports programs implemented; and 100 youth accessed counseling services.
- Conduct life skills training workshops on conflict resolution, anger management, and emotional regulation.
- Organize recreational activities, sports programs, and cultural events. Provide access to counseling and mental health services for youth at risk.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede Valley LM, Stellenbosch LM and Drakenstein LM in CWDM	WCDHW	DSD, CWDM and in CWDM relevant local municipal officials

Objective 3: Improve access to support services for survivors of gender-based violence (GBV)

- 5 community awareness campaigns conducted; and 50 community members trained on GBV prevention and response. Memorandum of Understanding signed with local police stations.
- Establish or strengthen partnerships with shelters, counseling centers, and legal aid organizations.
- Develop a referral system for survivors to access support services.
- Provide transportation assistance for survivors to access support services.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede Valley LM, Stellenbosch LM, and Drakenstein LM in CWDM	WCDHW	DSD, Thutuzela Care Centre, WCDHW, South African Police Services (SAPS) and CWDM

Objective 4: Reduce alcohol and substance abuse-related harm

- 5 public awareness campaigns conducted; partnerships established with 2 treatment and rehabilitation centers; and 2 community-based support groups established.
- Implement public awareness campaigns on the dangers of alcohol and substance abuse.
- Provide access to treatment and rehabilitation services through partnerships with healthcare providers.
- Support the establishment of community-based support groups for individuals struggling with addiction.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede Valley LM, Stellenbosch LM, Drakenstein LM, in CWDM	WCDHW	DSD, WCDHW, SAPS, CWDM and relevant local municipal officials

Objective 5: Strengthen community capacity to address alcohol and substance abuse issues.

- 50 community leaders and volunteers trained; and 5 local drug action forums to be conducted.
- Train community leaders and volunteers on early identification and intervention strategies.
- Conduct community forums to discuss alcohol and substance abuse issues and develop local solutions.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede, Valley LM, Stellenbosch LM, and Drakenstein LM in the CWDM	WCDHW	DSD, WCDHW, SAPS, CWDM and relevant local municipal officials

Objective 6: Improve family communication and relationships.

- 10 parenting skills training programs conducted; 50 families to receive family counseling or mediation services; and 5 community events to be organized
- Implement parenting skills training programs for parents and caregivers Facilitate family counseling and mediation services.
- Organize community events that promote family bonding and social cohesion.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede Valley LM, Stellenbosch LM, Drakenstein LM in CWDM	WCDHW	DSD and WCDHW

Establishment and Functioning of Area-Based Teams for Violence Prevention

- Reduction in reported violent crime rates. Decrease in the incidence of GBV. Improved access to and utilization of support services for survivors of violence. Reduction in alcohol and substance abuse-related harm. Increased community awareness and participation in violence prevention efforts. Strengthened intersectoral collaboration and coordination.
- Establishment: Conduct stakeholder mapping and engagement in each target area. Develop Terms of Reference for Area-Based Teams. Recruit and train members of Area-Based Teams (community leaders, healthcare workers, educators, law enforcement, social workers, etc.).
- Functioning: Conduct regular meetings of Area-Based Teams to discuss local violence prevention priorities. Develop and implement local action plans. Coordinate and collaborate with other sectors to address identified needs. Monitor and evaluate the effectiveness of local interventions.
- Monitoring and Evaluation: Track progress towards achieving objectives. Collect data on key indicators (e.g., crime rates, GBV incidents, substance abuse rates). Conduct regular reviews and adjustments to the plan based on data and feedback.

District Municipality	Project leader	Social partners
Witzenberg LM, Langeberg LM, Breede Valley LM, Stellenbosch LM, and Drakenstein LM in CWDM	WCDHW	DSD, WCDHW, SAPS, CWDM, and relevant local municipal officials

Health awareness, Social Mobilisation

- World TB Day
- Youth Day
- GBV 16 days of activism
- World AIDS day

District Municipality	Project leader	Social partners
Garden Route District Municipality	Local and District Municipality	WCDHW, DSD, WCED and Justice

Overberg drug rehab centre

- Police support secured.
- Police provided extensive statistics in support of the project.
- All local municipalities identified land / buildings to be used for the project.
- DSD considering the business case.

District Municipality	Project leader	Social partners
Overberg District Municipality	DSD, SAPS, WCDHW, Department of Infrastructure (DOI)	Not specified

Monitor the implementation of various Safety Plans

District Municipality	Project leader	Social partners
WCDM	All Municipalities / Police Oversight and Community Safety (POCS)	WCDM, all Municipalities, and WCDHW

Implementation of Gender-Based Violence Programme

District Municipality	Project leader	Social partners
WCDM	DSD and WCGHW	DSD and SAPS

Establishment of Area Based Teams (ABT) approach in Cederberg

District Municipality	Project leader	Social partners
WCDM	WCDHW and WCED	

Rollout of the Planet Youth Programme within the West Coast District

District Municipality	Project leader	Social partners
WCDM	WCDHW and WCED	WCED

ANNEXURE B.
ICT STRATEGIC PLAN

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) AS A KEY ENABLER

Modern Information Technology (IT) systems, along with advancements in automation and digitization, have profoundly transformed our approaches to data management, dashboard creation, information sharing and effective communication. As we navigate the 4th Industrial Revolution, our strategic focus remains aligned with departmental priority outcomes. The establishment of the IT Roadmap has enabled us to identify key ICT challenges and necessary advancements within the organization, providing a clear path for our priorities. Initially six initiatives were outlined as core strategies within the department's eVision; this has now been expanded to eight initiatives, encompassing prioritized projects aimed at optimizing the efficiency and effectiveness of our IT systems.

ICT Governance encompasses the ICT Strategic, Implementation and Operational Plans which are aligned with the departmental strategic objectives. This alignment positions IT as a key enabler for achieving departmental goals. Furthermore, adherence to the Department of Public Service and Administration (DPSA) Governance Directive and the execution of the annual monitoring assessment are essential for upholding provincial governance practices in accordance with established norms and standards.

The established IT Project Management Office will ensure the incorporation of the standard processes of planning, budgeting, risk management, implementation, monitoring and evaluation of ICT within the department. The ICT capability within the department is essential for facilitating and improving the delivery of effective health services, thereby fostering opportunities for wellbeing in alignment with the departmental outcome value propositions. The table outlines strategic digitalisation interventions over the next five years.

Children and young people have the health resilience to thrive

Description of the digitalisation intervention	Responsible Lead/ Branch	Target 2029/30
• Implementation of an integrated digital health record system to track and monitor child health indicators from birth to adolescence. • Single electronic health record	Health Intelligence	95% of children with digital health records

People of working age are resilient and have the agency to maintain and restore their health and wellbeing

Description of the digitalisation intervention	Responsible Lead/ Branch	Target 2029/30
• Development of a mobile application for self-management of chronic diseases, including reminders for medication and appointments.	IT Department	80% of chronic disease patients using the app
• Establishment of a virtual health coaching program to support lifestyle changes and disease prevention.	Health Promotion Unit	85% of participants achieving health goals

Older people are resilient and have the agency to attain and sustain the best possible quality of life

Description of the digitalisation intervention	Responsible Lead/ Branch	Target 2029/30
• Introduction of telehealth services to provide remote consultations and follow-ups for elderly patients.	Telehealth Unit	70% of elderly patients using telehealth services

A high-performance provincial health system FOR YOU

Description of the digitalisation intervention	Responsible Lead/ Branch	Target 2029/30
• Deployment of an advanced data analytics platform to optimize resource allocation and improve service delivery efficiency.	Data Analytics Branch	100% of health facilities using the platform
• Implementation of an electronic patient management system to streamline patient flow and reduce waiting times.	IT Department	90% reduction in patient waiting times

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