



World Health
Organization

South Africa

2024 ANNUAL REPORT

WHO South Africa Country Office



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Acronyms

AFP – Acute Flaccid Paralysis

AOP – Annual Operational Plan

ART – Antiretroviral Therapy

AVW – African Vaccination Week

BPAL-L Bedaquiline-Pretomanid-Linezolid-Levofloxacin

CCS – Country Cooperation Strategy

CHAI – Clinton Health Access Initiative

COVID-19 – Coronavirus Disease 2019

EBS – Event-Based Surveillance

EOA – Emergency Operations and Appeals EWS – Early Warning System

ESPEN – Expanded Special Project for Eliminating Neglected Tropical Diseases

GPC – Global Prevention Coalition

GPW – General Programme of Work

HFBM – Health Financing Progress Matrix

HiAP – Health in All Policies

HIV – Human Immunodeficiency Virus

HPV – Human Papillomavirus

HTH – HIV/TB/Hepatitis

IDSR – Integrated Disease Surveillance and Response

IHR – International Health Regulations

INFOSAN – International Food Safety Authorities Network

JEE – Joint External Evaluation

JHAQ – Joint Health Accounts Questionnaire

MCAT – Multi-Country Assignment Team

MMR – Maternal Mortality Ratio

MTCT – Mother-to-Child Transmission

NAPHS – National Action Plan for Health Security

NCDs – Non-Communicable Diseases

NGS-SA – Network for Genomics Surveillance South Africa

NHA – National Health Accounts

NHLS – National Health Laboratory Service

NHI – National Health Insurance

NHWA – National Health Workforce Accounts

NMCSS – Notifiable Medical Conditions Surveillance System

Acronyms

NDoH – National Department of Health

NSP – National Strategic Plan

NTDs – Neglected Tropical Diseases

PAMIs – Priority Areas for Multi-sectoral Interventions

PEPFAR – President's Emergency Plan for AIDS Relief

PHEM – Public Health Emergency Management

PHEOCs – Public Health Emergency Operations Centres

PIP – Pandemic Influenza Preparedness

PLHIV – People Living with HIV

PRSEAH – Prevention of Sexual Exploitation, Abuse, and Harassment

RBM – Roll Back Malaria

RED – Reaching Every District

RG2 – Results Group 2

RCCE – Risk Communication and Community Engagement

SANAC – South African National AIDS Council

SDGs – Sustainable Development Goals

SPAR – Self-Assessment Annual Reporting

STAR – Strategic Toolkit for Assessing Risks

STHs – Soil-Transmitted Helminths

STIs – Sexually Transmitted Infections

TASS – Transforming African Surveillance Systems

TB – Tuberculosis

TVD – Tropical and Vector-Borne Diseases

U=U – Undetectable Equals Untransmittable

UHC – Universal Health Coverage

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNFPA – United Nations Population Fund

UNICEF – United Nations Children's Fund

UNSDCF – United Nations Sustainable Development Cooperation Framework

WHO – World Health Organization

Foreword



Dr Fabian Ndenzako

Officer in Charge, WHO South Africa

It is my pleasure to present the 2024 Annual Report of the WHO South Africa Country Office.

This report reflects the collective efforts and partnerships that have advanced public health and strengthened the country's progress towards Universal Health Coverage.

In 2024, WHO supported key national priorities, including the rollout of the National Health Insurance Bill, expansion of HIV and TB services, and the launch of the second-generation Presidential Health Compact.

We also contributed to strengthening health systems, digital innovation, and responses to noncommunicable diseases.

These milestones were made possible through close collaboration with the Government of South Africa, UN partners, civil society, and our dedicated WHO team.

The journey to health for all demands sustained collaboration, innovation, and trust. Together, we must continue closing gaps in access, financing, and delivery—especially for the most vulnerable.

I wish to sincerely thank the Government of South Africa, our partners, and the dedicated WHO South Africa team for their unwavering commitment and collaboration throughout the year.

I am confident that our collective efforts will continue to drive transformative impact for the health and well-being of all South Africans.

Overview of the South Africa Country Office

The World Health Organization (WHO) focuses its efforts in South Africa through its 2024-2025 Programme Budget, which includes five main projects and four special initiatives.

The main projects aim to improve Universal Health Coverage, respond to Health Emergencies, promote Health and Well-being, provide Better Support, and manage the Salary work plan.

The special initiatives focus on Emergency Operations and Appeals (EOA), the Expanded Special Project for Eliminating Neglected Tropical Diseases (ESPEN), Pandemic Influenza Preparedness and Response (PIP), and polio eradication.

The Triple Billion targets are a key part of the WHO's Thirteenth General Programme of Work (GPW 13), focusing on measurable improvements in the health of individuals and populations in South Africa.



These targets have guided the WHO's efforts in the country throughout 2024.





WHO'S Strategic Health Leadership in Improving the Health of South Africans

The World Health Organization (WHO) has significantly strengthened its leadership, governance, and external relations in implementing the Thirteenth General Programme of Work (GPW 13) to achieve meaningful health outcomes in South Africa. This progress aligns with the Sustainable Development Goals (SDGs) and the broader United Nations reform efforts.

The WHO Country Representative's Office, which serves as the coordinating unit for the WHO's Country Office is crucial in advancing health governance and fostering multi-sectoral coordination at the national level.

The office has ensured that health investments align with national priorities by building strategic partnerships and collaborating with the diplomatic community and donors.

This coordination is supported by the United Nations Sustainable Development Cooperation Framework (UNSDCF), which integrates health initiatives into the broader efforts of the UN Country Team.

As the chair of the UNSDCF Results Group 2 (RG2), WHO coordinated UN agencies on health-related initiatives, fostering improved collaboration and alignment within the health subgroup. Regular coordination meetings and enhanced information sharing ensured that health priorities were integrated into broader development frameworks and stakeholders remained informed and coordinated in their response efforts.

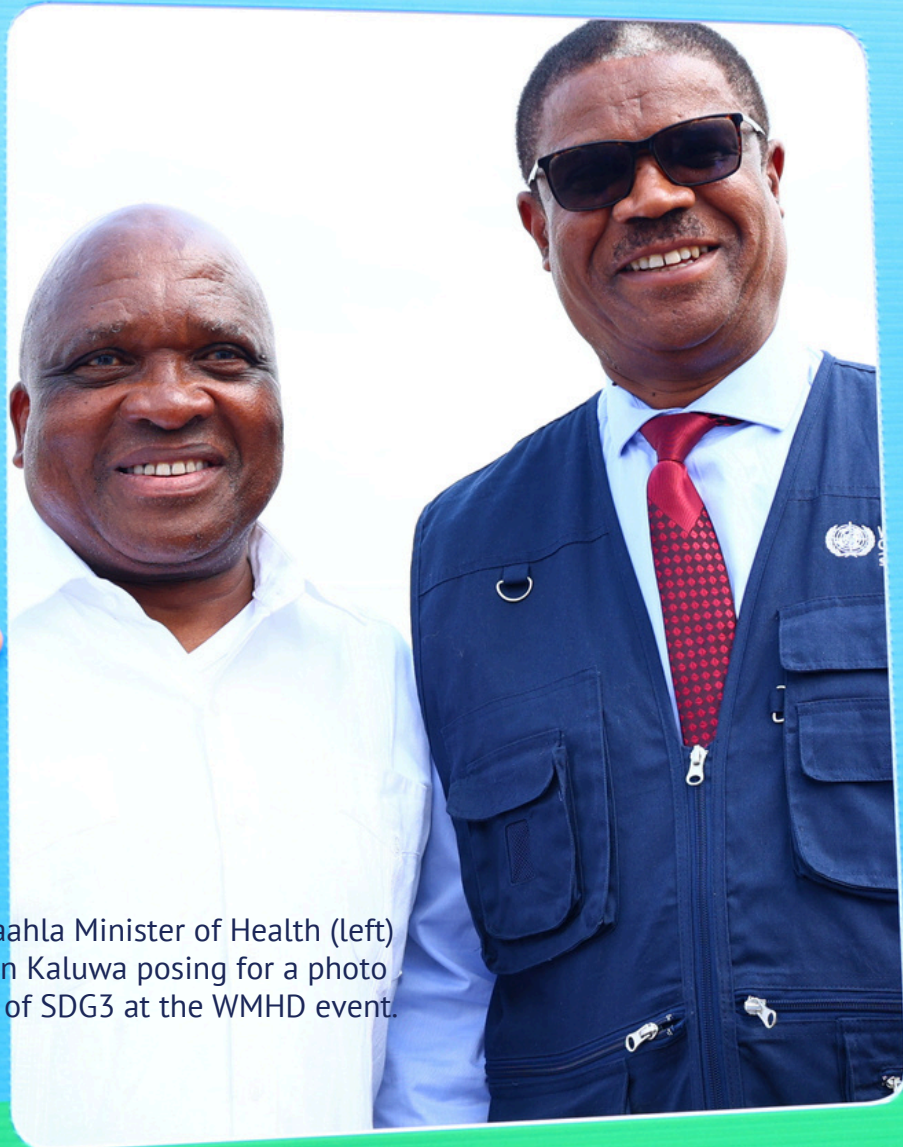
The office's activities included advocating for a "Health in All Policies" approach and enhancing national governance capacity through targeted engagement and communication. A notable achievement was revitalizing the Health Partners Forum, where WHO convened the National Department of Health (NDoH) and international health partners to improve coordination and initiate collaborative initiatives.

Despite these achievements, challenges persist. Enhancing coordination mechanisms among stakeholders is critical for improving multi-sectoral engagement. Additionally, aligning donor funding with national health priorities is essential to maximize its impact on health outcomes. Ongoing public health emergencies necessitate sustained response efforts and increased resource mobilization to address potential future threats effectively.

Another key milestone was formulating the Country Cooperation Strategy (CCS) 2023-2027. The WHO country office led this process, engaging key stakeholders to ensure the strategy's alignment with national and global health priorities. The CCS received endorsement from the WHO Regional Director and the Minister of Health, and preparations are underway for its official launch.



World Health
Organization
South Africa



Dr. Joe Phaahla Minister of Health (left)
& Dr. Owen Kaluwa posing for a photo
in support of SDG3 at the WMHD event.

3 GOOD HEALTH
AND WELL-BEING





South Africa's Presidency will be the first time an African country has presided over the G20.

We will use this moment to bring the development priorities of the African Continent and the Global South more firmly onto the agenda of the G20.

PRESIDENT CYRIL RAMAPHOSA

SOUTH AFRICA'S G20 PRESIDENCY LAUNCH
3 DECEMBER 2024

In anticipation of South Africa's G20 presidency, WHO provided technical inputs to the NDoH, supporting the development and finalisation of concept notes for the Health Working Group meetings.

This effort bolstered South Africa's readiness to engage effectively in G20 health discussions, ensuring its contributions during these meetings were relevant nationally and globally.

In 2025, WHO will prioritise the official launch of the Country Cooperation Strategy (CCS) 2023-2027.

This milestone will strengthen WHO's strategic collaboration with South Africa, ensuring alignment with national objectives.

It is vital to review the CCS to ensure its coherence with the Fourteenth General Programme of Work (GPW14).

A mid-term review of the Programme Budget 2024-2025 is also planned to evaluate progress and realign priorities as needed, reinforcing accountability and optimising resources to achieve targeted health outcomes.

Through a results-based approach, the WHO Country Representative's Office drives health governance, fosters multi-sectoral collaboration, and advances evidence-based health priorities in South Africa.

WHO remains committed to supporting sustainable health improvements and resilient health systems by strengthening coordination, facilitating strategic dialogues, and ensuring evidence-based decision-making.

Advancing Universal Health Coverage; WHO's Impact in South Africa



The WHO has been a key partner in supporting South Africa's progress towards achieving UHC. WHO's contributions have included several essential areas, such as strengthening primary healthcare, enhancing health financing mechanisms, advancing digital health, and developing the health workforce.

WHO's review of the draft legislation for the National Health Insurance (NHI) Bill facilitated its finalization. The enactment of the NHI Bill on 15 May 2024 marked a notable milestone in South Africa's health reform journey towards UHC.

Over several years, WHO's collaboration with national partners has been pivotal in establishing the necessary policies, legal frameworks, and strategic plans for NHI implementation, which is crucial for reducing health inequities in South Africa.

Additionally, WHO provided the necessary technical content and assisted in developing the second-generation Presidential Health Compact that guides health system strengthening and NHI implementation from 2024 to 2029.

The WHO provided technical expertise in conducting the Joint Health Accounts Questionnaire (JHAQ) (2022). This data will be valuable for planning and managing financial resources in the country.

As part of the implementation of the National Health Accounts (NHA) Round 3 (2017/18 - 2020/21), the WHO has also helped build capacity within the National Department of Health (NDoH) team to carry out the study, which is expected to be completed in 2025.



**President Cyril Ramaphosa
signing the NHI bill**

The insights gained from the NHA and JHAQ studies will be crucial in shaping health financing policies and supporting the development of fair and sustainable health financing strategies, ultimately contributing to progress towards Universal Health Coverage (UHC) in South Africa.

WHO formulated the implementation plan and methodology for the Health Financing Progress Matrix (HFPM) to conduct a qualitative study analysing health financing strategies.

The National Health Workforce Accounts (NHWA) tool was adapted to enhance Human Resources for Health (HRH) planning to support the country's strategy.

Additionally, WHO engaged over 200 stakeholders from the pharmaceutical industry and related government departments, orienting them on substandard and falsified medical products. Achieving Universal Health Coverage (UHC) in South Africa remains a significant challenge despite the constitutional guarantee of access to healthcare.

The country faces a quadruple burden of disease, fragmented health systems, and inequitable health financing. Although 8.5% of GDP is allocated to health, nearly half of this expenditure benefits only 16% of the population through private medical schemes, leaving the remaining 84% reliant on a strained public sector.

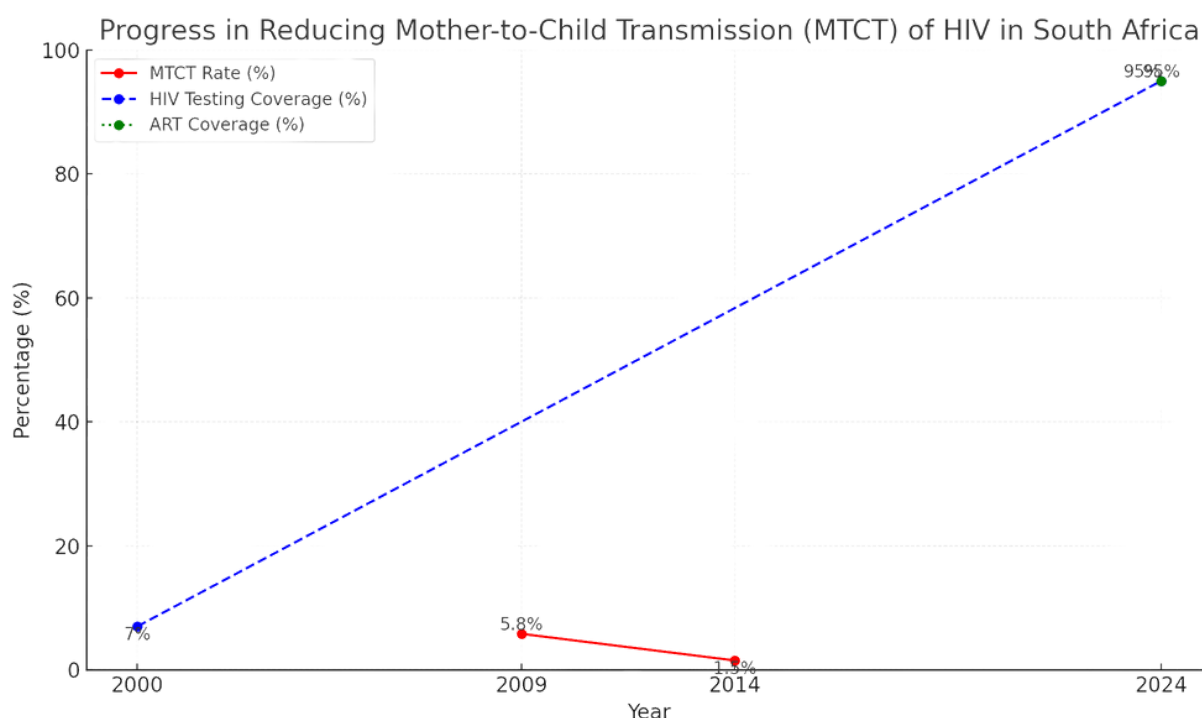
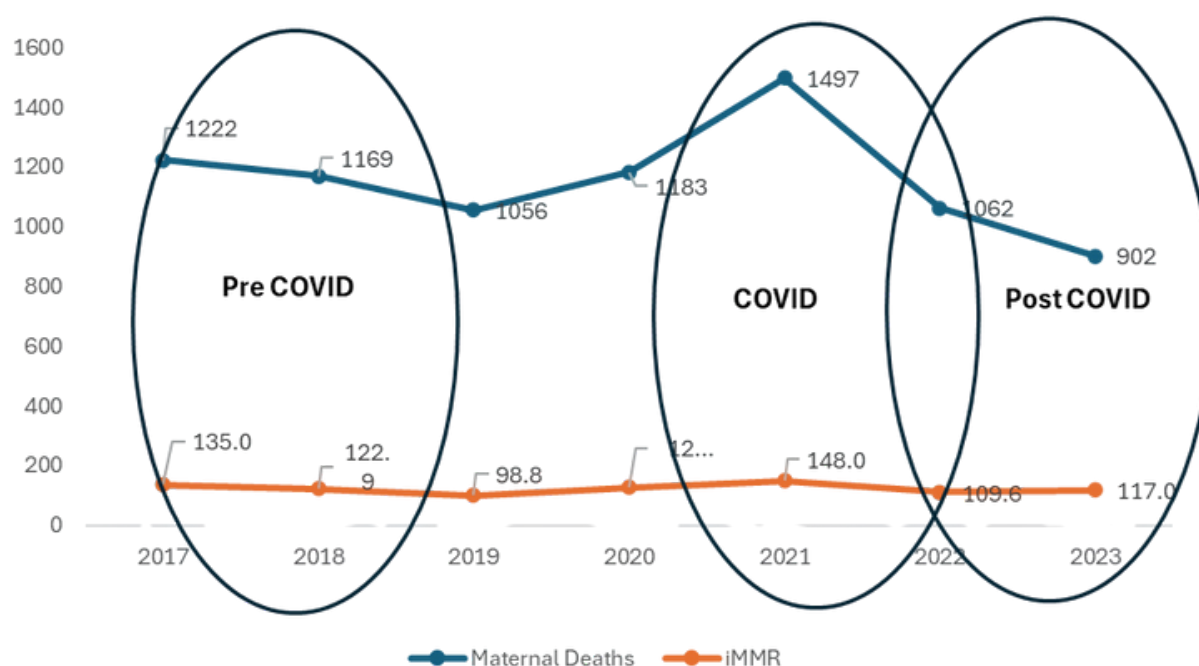
Ensuring Health for Every Life; Advancing Sexual, Reproductive, Maternal, Newborn, Child & Adolescent Well-being

South Africa has made progress and has taken bold strides to reduce maternal mortality ratio (MMR) from 137/100,000 live births in 2012 to 101/100,000 live births in 2023.

Neonatal mortality rate (NMR) from 12/1,000 live births in 2015 to 10.6/1,000 live births in 2023.

Although it rose to 148.1 in 2021 due to the COVID-19 pandemic, the overall trend has remained positive and downward ever since. WHO is committed to supporting South Africa in continuing to improve the national MMRs.

South African Maternal Deaths and iMMR



Data Source: National Committee for Confidential Enquiry into Maternal Deaths: Annual Report for 2023

South Africa has achieved Human Papillomavirus vaccine coverage of 85% among girls aged 9 to 14, which is above the African regional coverage of 33%.

Additionally, South Africa has made significant strides in reducing mother-to-child transmission (MTCT) of HIV through comprehensive testing and treatment initiatives.

The proportion of pregnant women receiving HIV counselling and testing increased from 7% in the early 2000s to over 95% by 2024, with more than 95% of diagnosed women receiving antiretroviral therapy (ART). This effort has reduced vertical transmission rate from 31.0% in 2000 to 2.3% in 2024.

However, the WHO has set a global target of 90% HPV vaccine coverage among girls by the age of 15 by 2030.

Approximately 150,000 girls aged 10 to 19 give birth annually, with 2,716 cases occurring among girls aged 10 to 14 in the 2022/2023 financial year. Despite a 5% decrease in teen births in 2024 from the previous year, the overall trend has been a steady annual increase of about 1.5% over the prior four years.

WHO's technical assistance is essential for improving maternal health outcomes in South Africa and managing HIV infections, obstetric hemorrhage, and hypertensive disorders in line with global maternal health priorities. WHO provided South Africa with a framework for integrated service delivery, focusing on testing and treatment for HIV, syphilis, and hepatitis B.

Additionally, WHO has supported South Africa's initiatives to combat cervical cancer through HPV vaccination and DNA testing as primary screening methods.

Key initiatives such as the MomConnect programme, launched in 2014, to provide essential health information to pregnant women in all 11 official languages, and by 2017, nearly 2 million women had enrolled in the programme. The support of the WHO has been vital for the implementation and success of these initiatives.

South Africa is actively involved in the Triple Elimination Initiative, which aims to eradicate mother-to-child transmission (MTCT) of HIV, syphilis, and hepatitis B. In 2024, a training programme for 542 healthcare professionals across five provinces was designed to improve clinical protocols for cervical cancer management and enhance screening and treatment services, particularly for high-risk populations.

Collaborations with local organisations have improved access to quality maternity care, particularly in underserved communities. Ongoing challenges include resource limitations and the need for expanded training programmes for healthcare workers in underserved regions. Challenges also encompass inadequate sexual education, limited access to contraceptives, and social stigma arising from gender inequality.

Comprehensive data is still required to assess the full impact of these interventions.

Strengthening the HIV Response in South Africa; Closing the Treatment Gap

The 95-95-95 target is a global initiative aimed at ending the HIV/AIDS epidemic, introduced by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The target focuses on three key goals for the global HIV response.

95% of people living with HIV will know their HIV status: This means increasing access to HIV testing and encouraging people to get tested, ensuring that nearly all individuals with HIV are aware of their status. 95% of people diagnosed with HIV will receive sustained antiretroviral therapy (ART):

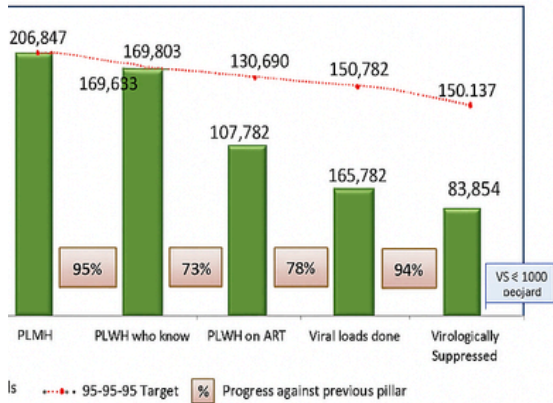
This target focuses on ensuring that those who are diagnosed with HIV receive ongoing treatment to manage the virus, improving their health and reducing the risk of transmission to others.

95% of people receiving ART will have a suppressed viral load: This goal aims to ensure that those on ART have their viral load (the amount of HIV in their blood) reduced to undetectable levels, which significantly lowers the risk of transmitting the virus and helps individuals live healthier, longer lives.

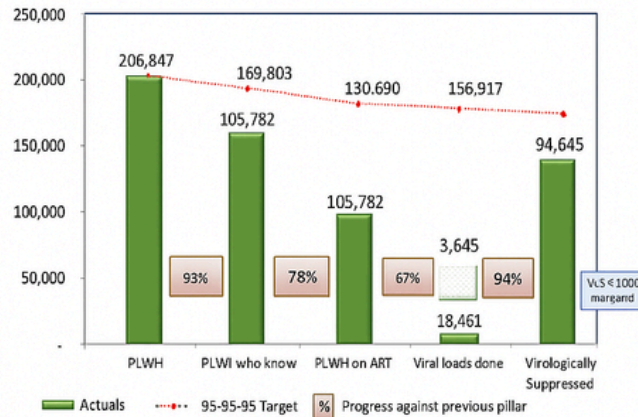


A wellness vending machine

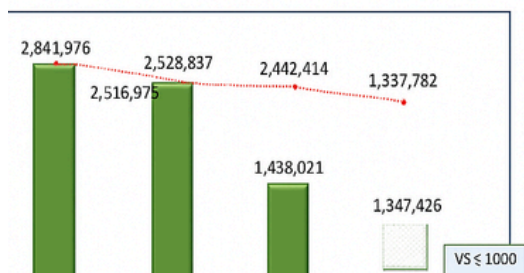
95-95-95 Cascade - Total Population
South Africa (Jan 2024) - Public & Private sector



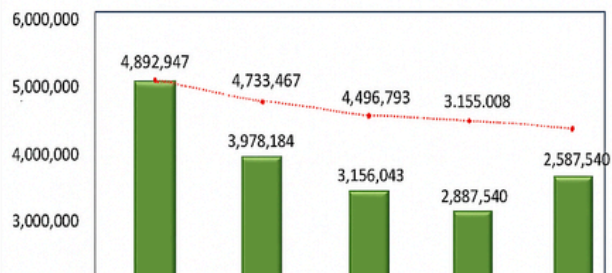
95-95-95 Children (<15)
South Africa (Jan 2024) - Public & Private sector



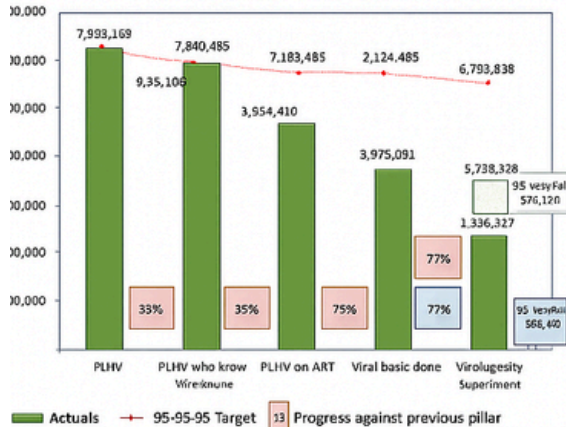
95-95-95 Cascade - Adult Males
South Africa (Jan 2024) - Public & Private sector



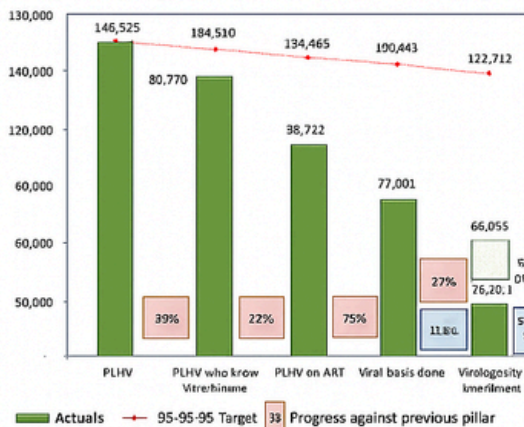
95-95-95 Cascade - Adult Females
South Africa (Jan 2024) - Public & Private sector



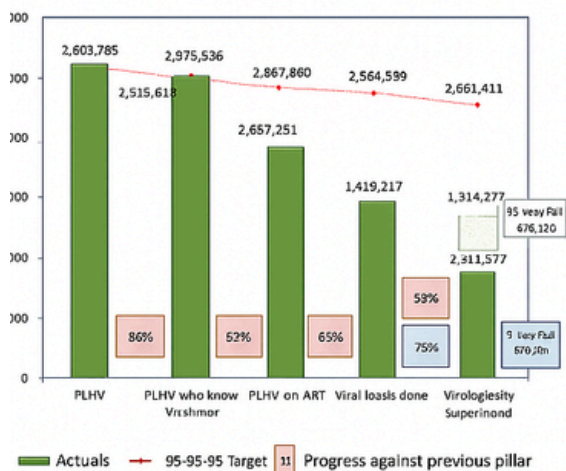
95-95-95 Cascade - Total Population
South Africa (Dec 2024) - 2024: Public Private sector



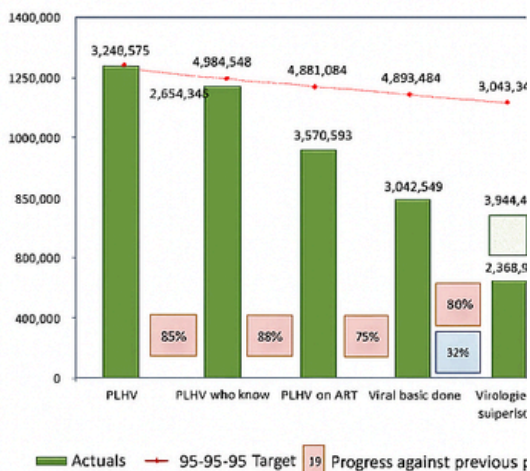
95-95-95 Cascade - Children (CLS)
South Africa (Dec 2024) - 2024: Public Sector



95-95-95 Cascade - Adult Males
South Africa (Dec 2024) - 2024: Public Private Sector



95-95-95 Cascade - Adult Females
South Africa (Dec 2024) - 2024: Public Private sector



As of December 2024, South Africa has made significant progress towards achieving the UNAIDS 95-95-95 HIV testing and treatment targets, achieving 96-79-94 for the total population. This marks an improvement from 95-79-93 in January 2024. Despite bearing the highest global burden of HIV, with approximately 7.8 million people living with HIV (PLHIV) and a national HIV prevalence of 12.5%, South Africa has remarkably expanded access to HIV treatment and prevention services.

The country operates the world's largest antiretroviral therapy (ART) programme, with 5.99 million PLHIV on ART by December 2024, up from 5.91 million in January 2024. This achievement is notable, considering the programme's growth from about 90 PLHIV on ART in 2000 to nearly one-fifth of all individuals on ART worldwide in 2023.

The Honourable President of the Republic of South Africa Mr. Cyril Ramaphosa made a commitment to the country pronouncing that, "To ensure that we reach our target of 95-95-95, we will this year launch a massive campaign to look for an additional 1.1 million people who are not on treatment."

WHO's support in transitioning to the three-test strategy and training over 2,500 healthcare workers (HCWs) has ensured the integration of quality assurance mechanisms and differentiated community-based testing strategies.

The scale-up of HIV self-testing (HIVST) has been instrumental in achieving the first 95% of the UNAIDS targets, facilitating early diagnosis and linkage to care. These efforts have directly contributed to higher ART coverage rates, as evidenced by the national progress observed between January and December 2024.

WHO provided critical technical support for the scale-up of the Undetectable = Untransmittable (U=U) initiative in South Africa. This initiative is expected to improve ART adherence, reduce HIV-related stigma, and enhance retention in care.

Throughout 2024, WHO supported consultative and dissemination meetings for the U=U toolkit across multiple provinces and provided ongoing provincial-level assistance.

These activities, in collaboration with partners such as PEPFAR, the Clinton Health Access Initiative (CHAI), the Global Fund, and the South African National AIDS Council (SANAC), have significantly enhanced operational efficiencies and strengthened national programme efforts.

Collaboration with various partners has been crucial in enhancing South Africa's HIV response. WHO's technical expertise and coordination mechanisms have positioned South Africa to accelerate its response further.

Moving forward, sustained commitment from the government, donors, and implementing partners is essential to achieving both national and global targets, reducing disparities in ART coverage, and ultimately reaching the goal of ending AIDS as a public health threat by 2030.

Despite these achievements, a treatment gap remains, with an estimated 1.1 million PLHIV still requiring linkage to HIV treatment and care.

Disparities persist across subpopulations, with adult females achieving scores of 97-81-94, adult males at 95-75-94, and children under 15 years at 87-77-72 as of December 2024. The overall ART coverage is 76%, highlighting the need for targeted interventions at the second 95% to enhance treatment uptake and retention, particularly among children and men.

Continued investment in HIV prevention strategies is essential to support individuals who are currently HIV-negative and sustain progress towards the Global Prevention Coalition (GPC) targets. Ensuring the financial sustainability of the HIV response remains a key concern, particularly in the face of evolving funding challenges.



Significant Progress in Tuberculosis Reduction in South Africa

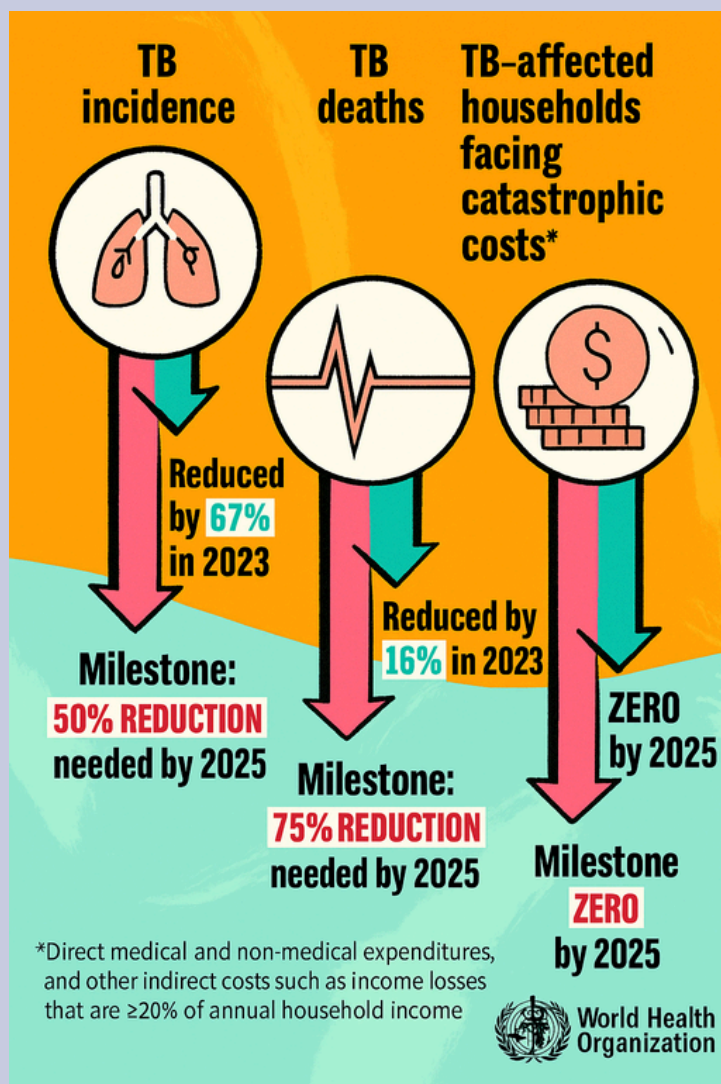
South Africa has achieved an impressive 57% reduction in TB incidence compared to the 2015 baseline, significantly surpassing the 2025 End TB Strategy target of a 50% reduction. The latest reported TB incidence is 270,000 (427 per 100,000), down from 561,000 (988 per 100,000).

The country achieved 57% reduction in TB incidence in 2023 (against the 2015 baseline), surpassing the 2025 End TB strategy target set at 50% reduction.

However, the country continues to struggle with reducing TB mortality and alleviating catastrophic costs faced by TB-affected families.

TB-related deaths have only been reduced by 16%, falling significantly short of the 50% reduction target set for 2025, with more than half (56%) of TB-affected households facing catastrophic financial strain due to TB.

WTB has significantly improved treatment success rates, increasing from 62% in 2020 to approximately 75%.



WHO, alongside partners and key stakeholders, supported the development of strategic documents such as the Joint National Strategic Plan for HIV, TB, and STIs and the TB Strategic Plan to control better and eventually end these communicable diseases.

WHO actively supports the NDOH and the South African National AIDS Council (SANAC) to enhance the TB response. Collaborative efforts with PEPFAR, the Clinton Health Access Initiative (CHAI), the Global Fund, and SANAC have markedly improved operational efficiencies and bolstered national programme efforts.

Despite this progress, tuberculosis (TB) remains a considerable challenge. In 2023, TB emerged as the leading infectious disease killer globally, surpassing COVID-19. South Africa continues to contend with the triple burden of TB, TB/HIV co-infection, and multidrug-resistant (MDR) TB, resulting in a persistently high TB incidence rate.

The country also faces challenges in reducing TB mortality and alleviating the catastrophic financial burden experienced by TB-affected families. TB-related deaths have only been reduced by 16% (against the 2015 baseline), falling far short of the 50% reduction target set for 2025.

More than half (56%) of households affected by TB continue to face catastrophic financial strain due to the disease.

Looking ahead to 2025, it's vital to strengthen TB programs, especially by improving data systems, enhancing surveillance, and boosting reporting mechanisms. This will ensure that TB cases are tracked effectively, treatment success rates are monitored, and gaps in care are addressed.

Strengthening multisectoral collaboration will be critical, as TB intersects with other health and social issues like HIV, poverty, and malnutrition. By bringing together governments, health organizations, communities, and the private sector, these efforts can lead to better outcomes. Adopting new tools, such as faster diagnostic tests and more effective treatments, alongside the preparation for introducing a TB vaccine, will also be essential to achieving the 95-95-95 target. The development of a TB vaccine could be a game-changer in the fight against TB, particularly in high-burden countries like South Africa.

Ultimately, meeting these targets will be pivotal for reducing the burden of TB in South Africa, improving public health globally, and taking a significant step towards eliminating TB as a public health threat by 2030.



A TB advocate at the 8th TB conference to address the TB burden in South Africa

Improving Vaccination Coverage and VPD Surveillance in South Africa

Vaccination coverage has increased in three provinces: the Eastern Cape, Northwest, and Northern Cape. MCV2 coverage in the Eastern Cape rose to 77.3% in 2024 from 76.7% in 2023, while in the Northwest, it increased to 86.5% in 2024 from 83.5% in 2023.

In the Northern Cape, the figure rose to 76.3% in 2024 from 75.4% in 2023. Additionally, surveillance has improved in some regions of the country, with the AFP detection rate (per 100,000 population under 15 years) rising in the Eastern Cape, Gauteng and North West.

In these provinces detection rate rose to 2.5, 3.8 and 2.1 respectively in 2024 from 1.8, 2.9 and 1.5 respectively in 2023.

This increase raised the national detection rate to 2.7 in 2024 from 2.6 in 2023. Furthermore, stool adequacy in Gauteng, KwaZulu-Natal, Limpopo and Western Cape also increased from 85.5%,84.8%, and 83.0% respectively, in 2023 to 89.9% in Gauteng ,92.1% in KwaZulu-Natal and Gauteng, respectively, in 2024.

In 2024 South Africa hosted the Eastern and Southern Africa region EPI program managers meeting which served as an advocacy platform for South Africa

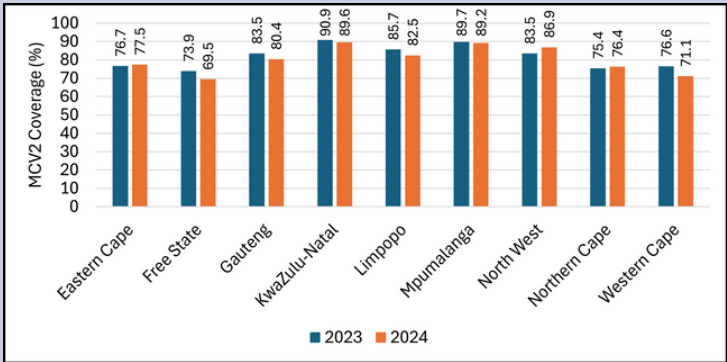


Figure 1: SA MCV2 Coverage by Province, 2023-2024, Data source DHIS1

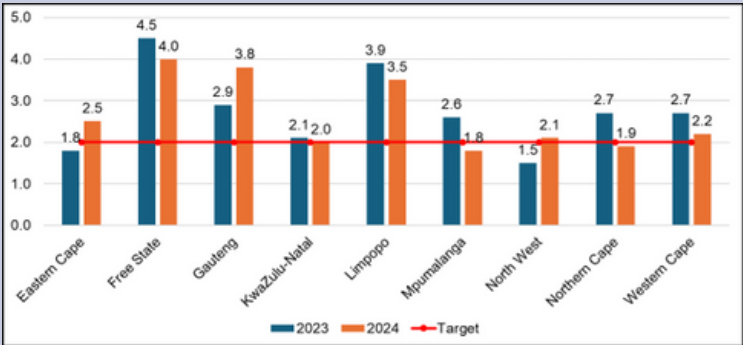


Figure 2: SA AFP Detection rate by Province, 2023-2024, Source AFP Database, 2023 and 2024

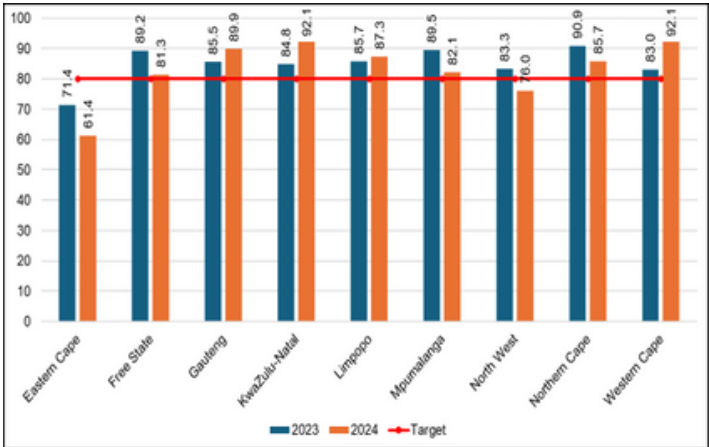


Figure 3 SA Stool Adequacy by Province, 2023-2024, Source AFP Data base 2023&2024



Household vaccination exercise

In collaboration with UNICEF, WHO has supported the “Reaching Every District (RED)” strategy in certain districts.

Under WHO's leadership, South Africa has made significant strides in developing a National Immunization Strategy (NIS) aligned with the Immunization Agenda 2030.

WHO's advocacy efforts, including the observance of African Vaccination Week and the promotion of vaccination uptake through various media platforms, have enhanced vaccination coverage.

Effective vaccine management training was conducted in the Eastern Cape province, with 48 health care professionals in attendance.

Capacity building for the surveillance of vaccine-preventable diseases was conducted across most provinces, engaging 3,861 clinicians. These activities have directly contributed to improved vaccination coverage and surveillance.

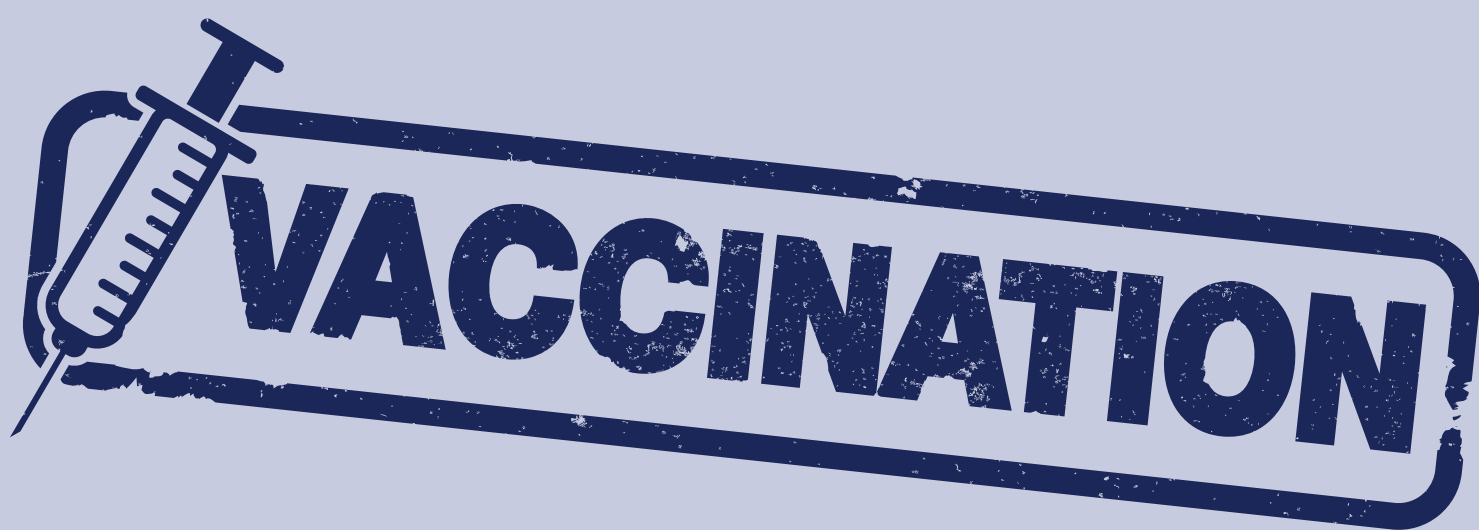
Introducing new vaccines, including the rubella-containing vaccine, has been a collaborative effort with various partners. As a self-procuring country, South Africa allows its provinces to operate autonomously, leading to the introduction of the measles-rubella vaccine in eight of the nine provinces by the end of 2024.

However, despite progress, vaccination coverage remains inadequate, as highlighted by the growing number of zero-dose children.

In 2023, over 215,000 children did not receive any vaccine, putting them at risk for outbreaks of vaccine-preventable diseases.

Challenges persist in addressing the increasing number of under-vaccinated children, including delays in governmental processes, sporadic lower level stockouts, insufficient human resources, and suboptimal surveillance.

In 2025, priorities will include continued advocacy for vaccination uptake through various platforms to reduce the number of zero-dose children, conducting an intra-implementation review of the newly introduced vaccines, enhancing surveillance, and responding to any outbreaks of vaccine-preventable diseases.



Significant Progress in Malaria Reduction in South Africa

Local malaria cases in South Africa have decreased by an impressive 78% between 2017 and 2023. In 2023, the country reported 9,795 malaria cases and 106 deaths, with the King Cetshwayo District in KwaZulu-Natal achieving subnational elimination. This significant reduction underscores the effectiveness of ongoing malaria control efforts.

The Department of Health has reaffirmed its commitment to eliminating malaria by 2028, as outlined in the National Malaria Elimination Strategic Plan.

WHO supported a national programme review and developed this strategic plan, ensuring it aligns with global health priorities.

Key achievements in the NTD response include successfully disseminating the NTD Road Map and implementing a pilot mass drug administration (MDA) for schistosomiasis. WHO actively supports the National Department of Health (NDOH) and the South African National AIDS Council (SANAC) in engaging non-health sectors to enhance the NTD response.

The country faces a considerable burden from neglected tropical diseases (NTDs), including soil-transmitted helminths (STHs), schistosomiasis, leprosy, and rabies. School-aged children are disproportionately affected, with prevalence rates in some endemic regions reaching as high as 95%.

The highest disease burden is observed in KwaZulu-Natal, Mpumalanga, and Limpopo, collectively accounting for approximately 70% of national cases. According to the Leprosy Mission in Southern Africa, around 100 new leprosy cases are diagnosed yearly in South Africa. This incidence aligns with the WHO's elimination threshold but emphasizes the need for ongoing surveillance and public health interventions.

Collaborative efforts with partners such as UNICEF and other stakeholders are essential for further strengthening malaria and NTD control. Despite significant progress, challenges such as climate change-induced heatwaves that could impact disease transmission persist. Inadequate funding for NTD programmes and limited awareness of leprosy remain substantial obstacles.

In 2025, priorities will focus on continuing cross-border malaria initiatives, mobilising resources for malaria elimination, and strengthening social behavior change communication (SBCC) for NTDs.

An illustration of a brown hand holding a red and white capsule. A dashed white line curves across the top right of the image.

**Malaria is
preventable
and curable**



Creating NCD awareness
on World Diabetes Day

**3 GOOD HEALTH
AND WELL-BEING**
ENSURE HEALTHY LIVES AND PROMOTE
WELL-BEING FOR ALL AT ALL AGES



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Achieving Health Equity; Tackling NCDs and Mental Health in South Africa

In response to the escalating health burden of non-communicable diseases (NCDs), the South African government has launched the National Strategic Plan (NSP) for the Prevention and Control of NCDs (2022–2027). This plan aims to reduce premature mortality from NCDs while promoting mental health and well-being, aligning with the United Nations' Sustainable Development Goal 3.4.

WHO has played a crucial role in supporting the development and implementation of this strategic plan, providing technical expertise and aligning efforts with global health priorities. Moreover, the WHO has endorsed expanding mental health services, particularly at the primary healthcare level. This initiative aims to alleviate pressure on specialised mental health facilities and ensure that individuals can access the care they require within their communities.

Robust partnerships and collaborations have supported the success of these initiatives. WHO's involvement of various stakeholders, including government agencies, non-governmental organizations, and international partners, has underscored its efforts to expand mental health services and support diabetes awareness, care, and treatment.

Despite considerable progress, challenges persist in addressing the dual burden of NCDs and mental health disorders in South Africa.

One of the primary issues is the insufficient prioritization of NCDs at both national and provincial levels, leading to inadequate focus and resources for their prevention and management.

Screening and early detection rates remain low, restricting the ability to address these conditions at an early stage when intervention would be most effective. Looking ahead, the emphasis for 2025 will be on ensuring the successful implementation of ongoing initiatives and expanding efforts to tackle the NCD and mental health challenges in South Africa.

Furthermore, WHO will facilitate the rollout of a multi-site study in 2025, to generate evidence to address gaps in mental health planning and strengthen community-based mental health services.

Enhancing Public Health Surveillance and Emergency Preparedness in South Africa

The National Health Laboratory Service (NHLS), supported by the WHO, has played a pivotal role in enhancing public health surveillance as part of the Transforming African Surveillance Systems (TASS) Flagship Programme. Integrated coordination through the International Health Regulations (IHR) and One Health strategies has proven vital in addressing health threats.

Key achievements include improving South Africa's preparedness and response to health emergencies, with the country successfully submitting the Self-Assessment Annual Reporting (SPAR) for 2023, achieving an average score of 63% for IHR core capacities.

The WHO has supported South Africa's efforts to enhance public health surveillance and emergency preparedness.

The Respiratory Pathogens Pandemic Preparedness Plan for 2024-2028 was finalized, guiding the development of the National Action Plan for Health Security (NAPHS) strategic plan and the 2024 Annual Operational Plan (AOP).

In November 2024, cholera stakeholders convened in a three-day workshop facilitated by WHO to validate priority areas for multi-sectoral interventions (PAMIs) to eliminate cholera.

Following the identification of PAMIs, pillar-specific elimination activities were formulated and implemented, including a comprehensive monitoring and evaluation plan. Additionally, WHO supported the country by facilitating the mpox intra-action review (IAR) to assess the system's performance in detecting, notifying, and responding to the mpox outbreak.

To support the viral conjunctivitis outbreak, WHO was actively involved in developing the case investigation form and providing technical guidance in responding to the outbreak.



The Integrated Disease Surveillance and Response (IDSR) Technical Guidelines were distributed to the National Department of Health (NDoH), and the weekly submission of IDSR data to WHO-AFRO commenced in June 2024.

Healthcare workers received training on Event-Based Surveillance (EBS) and Public Health Emergency Management (PHEM), focusing on strengthening surveillance and response systems.

Simulation exercises were conducted for polio, cholera, and pandemic influenza, which tested contingency plans in KwaZulu-Natal and Mpumalanga and established Public Health Emergency Operations Centres (PHEOCs) at both national and provincial levels.

WHO supported the NDoH in conducting risk assessments in KwaZulu-Natal, Mpumalanga, and Gauteng using WHO's Strategic Toolkit for Assessing Risks (STAR), identifying health hazards in each province. Subsequently, contingency plans for high and very high-risk hazards were drafted and finalized.

Several challenges persisted, including coordination issues within the IHR framework at the Chief Directorate level, which hindered timely engagement with stakeholders.

Delays in finalizing key plans, such as the IDSR strategic plan for 2030 and standard operating procedures for EBS, impeded the implementation of surveillance systems. Insufficient funding for IHR and JEE actions posed significant obstacles, limiting the execution of critical actions outlined in the Joint External Evaluation (JEE) and the National Action Plan for Public Health Security (NAPHS).

Not all provinces had fully operational PHEOCs, limiting their ability to respond swiftly to public health emergencies.

The coordination of the One Health initiative remained fragmented, with minimal engagement from key stakeholders, such as the Department of Environment, hindering the development of a comprehensive One Health plan.

The effectiveness of the Network for Genomics Surveillance (NGS-SA) was hampered by restricted access to genomic data and a lack of rapid data-sharing mechanisms.

The slow implementation of the Early Warning System (EWS) and the IDSR system, mainly due to internal departmental processes and funding constraints, further delayed the rollout of these critical surveillance systems.

In 2025, priorities include formulating a comprehensive cholera elimination plan, finalizing meningitis management guidelines, and strengthening cross-border collaboration with neighboring SADC countries to improve preparedness and response to infectious diseases.

A unified approach to laboratory partnerships across the human, animal, and environmental health sectors will be emphasised to establish detection and response protocols for diseases susceptible to becoming pandemics.

The full implementation of the IDSR system will be pursued, and EBS and the Notifiable Medical Conditions System (NMCSS) will be optimised. Establishing Epidemic Intelligence from open-source initiatives (EOIS) will be prioritised, alongside testing contingency plans through simulation exercises to assess readiness.

Strengthening the PHEOCs at both national and provincial levels will enhance response capacity.

Additional efforts will be made to finalise the cost of the NAPHS and develop a monitoring and evaluation framework, ensuring that performance monitoring indicators and key NAPHS activities are incorporated into stakeholders' Annual Operational Plans.

Advancing Health in all Policies: Legislative and Fiscal Achievements in South Africa

WHO has made significant progress in the Health in All Policies (HiAP) approach by reinforcing legislative and fiscal measures.

Key achievements include advocating for the Climate Change Bill, the Basic Education Laws Amendment Bill, the Revenue Laws Amendment Bill of 2023, the National Council on Gender-Based Violence and Femicide Bill, and the National Health Insurance Bill. These legislative successes have enhanced health governance and integrated health considerations into broader policy agendas.

WHO has played a pivotal role in shaping parliamentary policies and tax proposals through its Health Taxes Programme, particularly concerning sugar-sweetened beverages, tobacco, and alcohol. WHO has encouraged public engagement and ensured that health taxation is evidence-based, reducing non-communicable disease risk factors.

Furthermore, WHO participated in the 2024 Draft Rates Bill and associated workshops, advocating for tax rates on tobacco, nicotine products, sugary drinks, and alcohol while underscoring the effects of health-focused taxation on illicit trade.

In addition to fiscal policy, WHO has strengthened its engagement with parliamentary bodies by supporting the Parliamentary Committee on Health.

WHO provided technical resources regarding the WHO Pandemic Treaty to enhance legislative understanding and informed debate surrounding Parliament's role in international health agreements under Section 231(2) of the Constitution.

This engagement has been crucial in equipping policymakers with the knowledge necessary to make well-informed decisions regarding global health governance and international treaty negotiations.

WHO was vital in developing the 2024/25 Environmental Health Operational Plan with the NDoH, bolstering public health emergency preparedness for cholera, mpox, and other health threats.

Moreover, WHO provided technical support to NDoH on the National Strategy for the Prevention and Management of Obesity (2023-2028), aiding in mapping existing initiatives and employing WHO's Service Package Delivery and Implementation Toolkit for targeted scaling.

WHO also assisted South Africa in connecting with the Tanzanian government on the Sugar-Sweetened Beverages Tax and actively participated in discussions on the National Food and Nutrition Plan.

In collaboration with NDoH, WHO contributed to the 2024/25 Food Safety Annual Operational Plan, coordinating responses to food contamination incidents, including peanut butter recalls due to high aflatoxin levels.

WHO provided guidance on communication protocols for food safety events via INFOSAN, supported South Africa's engagement with INFOSAN, and participated in investigations such as the suspected mass food poisoning in Naledi Soweto.

WHO promoted the multi-sectoral implementation of Risk Communication and Community Engagement (RCCE), formulating the 2024/25 RCCE Annual Operational Plan and improving National RCCE leadership coordination.



Supporting NDOH to address cholera outbreak in Hammanskraal.

It integrated RCCE strategies across health programmes, facilitated the IHR RCCE JEE Self-Assessment, and updated the terms of reference for the National Outbreak Response.

WHO advocated for road safety by supporting National Schools' Road Safety Debates and assisting with the National Easter Road Safety Campaign.

It strengthened health systems through various initiatives, including reviewing the Health Sector Gender Policy and developing a new Community Health Worker Policy.

Additionally, WHO facilitated planning for the 2025 Global School Health Surveys and supported the Minister of Health in publishing the National Oral Health Policy and Strategy 2024-2034.



MULTI-COUNTRY ASSIGNMENT TEAMS (MCAT: Enhancing Technical Support Across Four Countries

The Multi-Country Assignment Teams (MCAT)[1] hub's expertise encompasses three primary technical areas: Reproductive, Maternal, Neonatal, Child, and Adolescent Health and Ageing (RMNCAHA), Tropical and Vector-Borne Diseases (TVD), and HIV/TB/Hepatitis (HTH).

Although it does not have experts for all eight programme areas, the hub has expanded its support to include Non-Communicable Diseases (NCDs) and Nutrition, demonstrating adaptability to evolving health needs.

The MCAT hub has facilitated the exchange of experiences and cross-country learning, enhancing collaboration with the WHO Regional Office and WHO Headquarters and partnerships with agencies such as UNFPA, UNICEF, Elimination-8, RBM, and the Global Fund.

These activities have been crucial in providing high-level advocacy and sensitization to the Ministries of Health, thus aiding in advancing national health agendas.

While the hub has made significant progress, challenges remain, such as the need for a comprehensive range of experts across all programme areas. Lessons learned highlight the importance of adaptability and the value of strong partnerships and collaborations in achieving health goals. These insights will inform future efforts to enhance technical assistance and support across the four countries.

Administrative, operational, and logistical assistance from the WHO Country Office for South Africa has strengthened coordination and collaboration within the hub. To ensure continued success and growth, priorities for 2025 have been identified in partnership with the WCOs and the Ministries of Health.



Dr Fabian Ndenzako, WHO South Africa Officer in Charge interacting with Minister Dr Joe Phaahla at Winnie Mandela Clinic during World Health Day

Creating an Enabling Environment to Achieve Results

Recognising the importance of operational efficiency, measures were implemented to align WHO's Country Office with the global context of constrained health financing.

The office prioritised cost-effective technical support by leveraging local expertise through WHO Collaborating Centres, such as the University of Pretoria. It focused on building a high-performing and diverse team capable of delivering strategic and technical support across all health system levels.

By orienting all staff members on GPW 13, the WCO ensured everyone shared a unified understanding of the organisation's strategic priorities.

The WHO Country Office demonstrated exemplary performance in financial and programme accountability, achieving a compliance rate of 96% in donor report submissions, with no overdue Direct Financial Cooperation or Direct Implementation reports.

All award-related encumbrances were liquidated within the designated financial periods, underscoring the office's commitment to sound financial stewardship. Programme responsiveness and alignment with WHO's GPW targets were significantly enhanced through weekly work plan monitoring and regular technical staff presentations.

As a result, the office reported 90% timely results reporting, successfully managing country workplans with complete consistency between planned costs, award budgets, and actual expenditures.

Strategic planning was further strengthened through timely reprioritising 2024 deliverables, enhancing operational efficiency and value for money.

Workforce development advanced, with 79% completion of mandatory training and 100% staff reoriented on PRESEAH issues, backed by full 2024 PRESEAH action plan funding. This training highlights the WCO's commitment to maintaining a safe and respectful workplace, reinforcing its ethical foundation.

The office also upheld high standards in security and logistics, achieving a 94% compliance with Security Risk Management Measures. The WCO prioritised safety and security through regular fire drills, security briefings, and strengthened safety protocols. These initiatives created a safer working environment, reducing the risk of accidents and promoting staff well-being.

Procurement operations were fully streamlined, with all six-month procurement plans submitted on time and 100% of purchases conducted via framework agreements.

Additionally, supplier accountability remained strong, with all evaluations completed within 30 days, and 75% of non-emergency international travel requests were approved well in advance, highlighting the office's strong coordination, planning, and operational excellence.

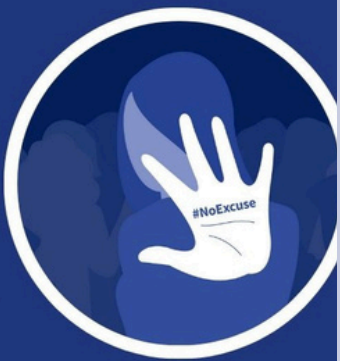
On the operational front, IT equipment procurement and installation have enhanced the organisation's operational efficiency. Providing staff with modern tools and technologies has improved their ability to perform daily tasks more effectively and respond promptly to challenges.

A motivated and well-supported workforce is critical to driving successful global health initiatives, including in South Africa, where the WHO's interventions have tangible benefits for local communities.

#NoExcuse

WHO has Zero tolerance for

- Sexual Misconduct (SM)
- Inaction against Sexual Misconduct
- Any form of retaliation against those who report, or participate in an investigation of, allegations of SM



All WHO Staff and collaborators have an obligation to report acts of sexual misconduct to IOS at investigation@who.int or scan the barcode to open the WHO Integrity Hotline



World Health Organization

Contact us for more information at PRSEAH@who.int or visit <https://bit.ly/PRSEAH>



Household vaccination

Challenges and Mitigation

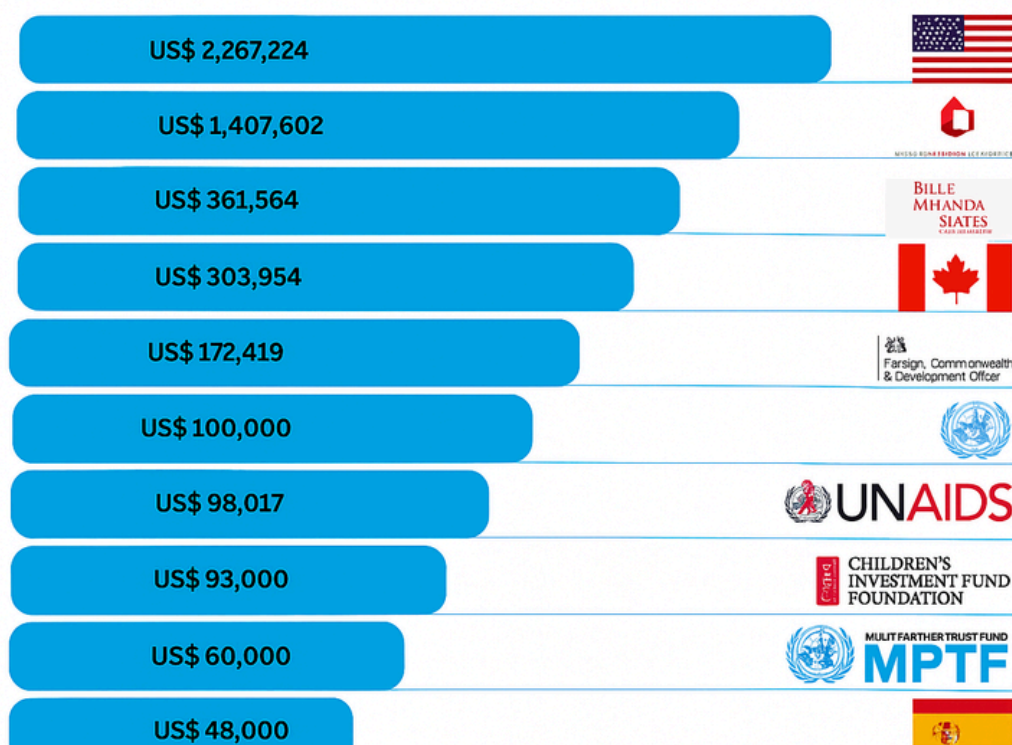


Thank You to Our Partners



WHO South Africa wishes to take this opportunity to sincerely thank all our partners for their invaluable support in promoting health, ensuring global safety, and serving the most vulnerable populations.

WHO Top 10 Contributors in South Africa in 2024 (Voluntary contributions)



Partnerships and Resource Mobilization Highlights in 2024



The Way Forward: Strategic Actions for Enhanced Impact and Sustainability

The way forward focuses on key strategic actions designed to boost visibility, maximise impact, and ensure long-term sustainability, with the goal of overcoming existing challenges and optimizing programme implementation.

1. Prioritizing Resource Mobilization

Improving resource mobilization will remain a central priority. Efforts will be expanded to secure additional funding from various sources, including international donors, government agencies, NGO partnerships, and private sector investments. Broadening the funding base will address existing resource gaps and secure health programmes' financial sustainability. By diversifying funding sources, the programme can reduce the risk of financial shortages and ensure the continued delivery of essential services.

3. Strengthening Monitoring Mechanisms

Strengthening monitoring mechanisms will be a cornerstone of the way forward. Regularly tracking progress against program objectives will facilitate timely adjustments and course corrections. This proactive monitoring approach will enable the early identification of emerging challenges or gaps, allowing for prompt interventions. Additionally, it will provide valuable data for informed decision-making, fostering transparency, accountability, and continuous learning.

2. Optimizing Fund Utilization

Equally important is optimizing fund utilization. In a resource-constrained environment, prioritizing high-impact activities is essential for achieving measurable outcomes. The programme will ensure that every dollar spent directly contributes to programmatic goals by directing available funds to the most critical areas. This strategic approach will not only maximize resource efficiency but also demonstrate accountability and transparency to stakeholders and donors, ensuring continued trust and support.

4. Prioritizing Key Tasks for Efficient Implementation

Finally, prioritizing tasks will streamline programme implementation and drive results. By focusing on the most critical activities, the programme can stay on course and avoid distractions from less urgent tasks. This focused approach will ensure that key objectives are met, maintaining momentum and contributing to the long-term success and sustainability of the programme.

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