

### Speaker 3: Ms Jeanette Hunter (Keynote)

*Deputy Director-General: Primary Health Care, National Department of Health*

11:10 – 11:20

Keynote address

10 minutes

Programme Director, Ms Noluthando Ndlovu

Dr Ntombi Sigwebela and the leadership of Health Systems Trust

Ms Thulile Zondi Chief Director for Health Information and Monitoring and Evaluation in the Department of Health

Dr Krish Vallabhjee Public Health Specialist

Colleagues and friends of the health system

Good morning.

It is a privilege to deliver this keynote address at this the launch of the 2024/25 District Health Barometer.

The DHB has, over almost twenty years, earned its place as one of the most important documents produced by the South African health sector. It is how we hold ourselves to account, district by district, sub-district by sub-district, health facility by health facility. Even though the publication displays data down to district level, each sub-district and each PHC facility knows how they contribute to the district picture.

Similarly, every PHC facility, every sub-district, every district and every province should use the data from the DHB, to plan how to do even better, year on year in terms of outputs and outcomes.

The National Department of Health's long-standing position is that primary health care is the foundation for Universal Health Coverage and for National Health Insurance.

This is not a slogan. It is an operational commitment. It shapes where we invest, how we train, how we measure performance and how we plan to improve performance.

The District Health Barometer is structured to be read and used and contributed to through the lens of PHC.

Almost every indicator in this publication describes something that happens at PHC level or that depends on PHC, functioning well.

Antenatal attendance happens in a clinic. An infant is immunised in a clinic. A person living with HIV collects a repeat ARV script through the CCMDD programme that begins in a clinic. A woman is screened for cervical cancer at a clinic. A community member presenting with mental distress is first seen, at a clinic.

A strong PHC programme contributes to the health of South Africans throughout their human life-course – from antenatal care through to palliation towards end of life.

So, what does the 2024/25 DHB tell us?

An honest analysis of the DHB must include progress, stagnation and regression. I start with what is going well.

- Antenatal care early booking has improved. The proportion of women whose first ANC visit occurs before 20 weeks has risen to 72.8%. This is an improvement of 3% since 2019/20, and a full recovery from the pandemic-era dip.
- Case finding is the bedrock of the TB response, and we are moving in the right direction. TB testing coverage has strengthened markedly. The percentage of target tested for TB in 2024 was 98.2%, up more than 6% from the previous year.
- Adult viral load suppression among people on ART stands at 92.4%. That places us within realistic reach of the UNAIDS 95% target — an extraordinary achievement when one considers the

scale of South Africa's ART programme and the more than 8 million people living with HIV in our country.

- Ideal Clinic status has edged up to 80%, and this is up from 78% the previous year. Thirty-four of our 52 districts are above the national average.

These, are the result of sustained policy focus, programme discipline, and the daily work of health workers and they deserve acknowledgement.

On the negative side there are three concerning signals:

First, maternal mortality. The in-facility maternal mortality ratio has risen from 101 per 100 000 live births in 2023/24 to 105 in 2024/25. This indicates that we are moving in the wrong direction on an SDG indicator where the 2030 target is 70 and below. Only 14 of 52 districts have achieved the SDG target, down from 17 the previous year.

The Free State has reported the highest provincial iMMR at 162.8, and Lejweleputswa has become the worst-performing district, with a more than four-fold increase on the previous year. This is not merely about data; think about the women behind these numbers. Every district maternal and perinatal mortality committee needs to sit with this chapter and plan how to do better.

Second, childhood immunisation. National coverage under one year has fallen from 78.7% to 75.1%. Measles second-dose coverage has fallen from 80.5% to 76.2% which is far below the 95% threshold required for herd immunity. The 2024/25 DHB estimates that nearly 300,000 children were un- or under-immunised in this reporting period. We already know what that costs us: the 2022–2024 measles outbreak was concentrated in the very districts that show poor coverage in this report. Routine immunisation is a non-negotiable foundation for raising children into healthy contributing adults.

Third, cervical cancer screening. National coverage sits at 40%, which is well below the WHO target of 70%. Not a single province has reached the target. Seven provinces have shown a drop in performance between 2023/24 and 2024/25. Cervical cancer is largely preventable. I therefore call on the PHC facilities in the 52 districts and 9 provinces of South Africa to do better in this regard. Let district, provincial and national office bearers know what you need to do better in this regard.

Throughout this publication, the extent to which national averages conceal district-level inequity is glaring.

Consider the following examples.

Professional nurse density ranges 4.8-fold between the best and worst district. Medical practitioner density varies more than nine-fold from 69.5 per 100 000 in Dr Kenneth Kaunda to 7.5 per 100 000 in Pixley Ka Seme.

These are not abstract numbers. They translate directly into the kind of care communities receive. The equity agenda of the National Health Insurance is precisely the work of narrowing these gaps. The DHB is, in that sense, is an NHI readiness report.

So, what does the National Department of Health ask of stakeholders in the health system?

- To provinces and districts: do not put this publication on a shelf. Use it at your next executive management, operational management, and quality improvement meetings.
- Each province should identify the three indicators where its performance most lags the national average, and implement plans for improvement.

- The academic and research community should continue to help us understand the ‘why’ behind the variations between districts. Ranking is not enough. We need implementation research that tells us why Zululand achieves a maternal mortality rate of 28.1 when Lejweleputswa sits at 216.
- Development partners and civil society should continue to use the DHB as a shared accountability tool. Use it in your advocacy, your planning, and your community engagement.
- And to our colleagues in the information, M&E and clinical programmes: the data quality caveats in this publication in some unusually high or low district values, are flags for you to further strengthen routine data systems.

In closing, I remind everyone that the District Health Barometer is an act of transparency. This 2024/25 edition tells us where we are succeeding and where we are falling short. It gives us the district-level granularity we need for action. On behalf of the Department, I thank the Health Systems Trust, the authors, and all contributing institutions for another valuable edition. I look forward to Ms Ndlovu walking us through the detail, and I thank you for your attention.

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**Delivery note:** *If you need to cut time, the easiest trims are: (a) shorten the ‘what is going well’ section to two items instead of four, and (b) shorten the district inequity examples to the neonatal and HRH pair only.*

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## Quick Reference

Headline indicators for 2024/25:

Indicator	2024/25 value	Notable district / provincial detail
ANC 1st visit < 20 weeks	72.8% (↑ 3.0 pp since 2019/20)	Zululand (KZ) 89.3% best; Alfred Nzo (EC) 54.9% worst
Delivery in 10–19 years (facility rate)	14.4%	Johannesburg 8.8% lowest; Alfred Nzo 25.1% highest
In-facility maternal mortality ratio	105.4 per 100 000 live births (↑)	Only 14 of 52 districts meet SDG target (<70); Lejweleputswa worst at 216.5
Neonatal death-in-facility rate	13.0 per 1 000 live births	15-fold district variation: Namakwa 1.5 → Ngaka Modiri Molema 22.4
Child SAM case fatality rate (under 5)	6.9% (target <5%)	Only NW (1.7%) and WC (2.2%) meet target
Immunisation under 1 year coverage	75.1% (↓ from 78.7%)	~298 727 children un-/under-immunised
Measles MCV2 coverage at 1 year	76.2%	Below 95% herd immunity threshold
Couple year protection rate (CYPR)	60.6% (target 75%)	Only MP and FS exceed target
% target tested for TB (2024)	98.2% (↑ 6.5 pp)	Seven provinces improved
DS-TB treatment success rate (2023)	76.2% (↓ from 80.2%)	Only NW meets 83% target
MDR-TB treatment success rate (2023)	64.7%	Only NW meets 73% target
Adult viral load suppression	92.4%	Within reach of UNAIDS 95%
Antiretroviral effective coverage	50.6%	KZ 60.5% highest; WC 14.6% lowest
PLHIV in SA	>8 million (25% in KZ)	7.6 million know status; 5.6 million on ART
Cervical cancer screening coverage	40.0% (WHO target 70%)	No province meets target; uMkhanyakude (KZ) 97.2% best; Vhembe (LP) 15.7% worst
Mental health — new PHC clients treated	43 333	Strong data-quality concerns across provinces
Mental health involuntary admissions	56 474	Up from 33 351 in 2016/17
% Ideal Clinics	80% (↑ from 78%)	34 of 52 districts above average; Frances Baard (NC) lowest at 10%
District hospital IBUR	61.0%	Below recommended 70% minimum
Professional nurses per 100 000 uninsured	141.3	EC highest at 173.0; WC lowest at 103.6
Medical practitioners per 100 000 uninsured	33.2 (target 37.9)	Only NC meets target at 40.2

Indicator	2024/25 value	Notable district / provincial detail
Pharmaceutical personnel per 100 000 uninsured	16.7	NC 23.7 highest; GP 11.6 lowest
Uninsured population share of SA	~84%	Higher in rural, lower-income districts

*Source: District Health Barometer 2024/25*