

2025 Annual Results Report

WHO South Africa Country Office



World Health
Organization

South Africa

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Abbreviations

AI	Artificial Intelligence	NHWA	National Health Workforce Accounts
AIDS	Acquired Immunodeficiency Syndrome	NMC	National Monitoring Committee
ART	Antiretroviral Therapy	NTD	Neglected Tropical Disease
DACT-SA	Amplifying Diabetes Awareness, Care and Treatment in South Africa	PEP	Post-Exposure Prophylaxis
DHIS	District Health Information System	PHC	Primary Health Care
DNA	Deoxyribonucleic Acid	PHEOC	Public Health Emergency Operations Centre
DQA	Data Quality Assessment	PrEP	Pre-Exposure Prophylaxis
EBS	Event-Based Surveillance	PROSE	Promoting Resilience of Systems for Emergencies
EPI	Expanded Programme on Immunisation	RCCE	Risk Communication and Community Engagement
GAMA	Global Assessment of Maternal and Neonatal Health	SAHPRA	South African Health Products Regulatory Authority
GDP	Gross Domestic Product	SOP	Standard Operating Procedure
HIS	Health Information System	SRH	Sexual and Reproductive Health
HIV	Human Immunodeficiency Virus	SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
HPV	Human Papillomavirus	SURGE	Strengthening and Utilising Response Groups for Emergencies
HRH	Human Resources for Health	TASS	Transforming African Surveillance Systems
IAR	Intra-Action Review	TB	Tuberculosis
ICOPE	Integrated Care for Older People	ToT	Training of Trainers
IGAP	Intersectoral Global Action Plan	TVD	Tropical and Vector borne Diseases
IHR	International Health Regulations	UHC	Universal Health Coverage
IMT	Incident Management Team	UN	United Nations
IRS	Indoor Residual Spraying	UNAIDS	Joint United Nations Programme on HIV/AIDS
NAPHS	National Action Plan for Health Security	UNSDCF	United Nations Sustainable Development Cooperation Framework
NCDs	Non-Communicable Diseases	VMMC	Voluntary Medical Male Circumcision
NHI	National Health Insurance	WHO	World Health Organization

Message from the WHO Representative

It is my honour to present the World Health Organization (WHO) South Africa 2025 Annual Report, which highlights our collective achievements from January to December 2025. This year unfolded in a complex environment characterised by fiscal constraints, shifting global funding dynamics, climate-related pressures, recurrent outbreaks, and the persistent challenges posed by HIV, tuberculosis, noncommunicable diseases, and other public health threats. Nevertheless, through strong partnerships and a shared commitment, South Africa continued to make meaningful progress towards a more equitable, resilient, and people-centred health system.

Throughout the year, WHO worked closely with the National Department of Health, provincial governments, academic institutions, civil society, communities, and development partners to promote Universal Health Coverage (UHC). Our collaboration aimed to strengthen governance, improve access to quality essential health services, enhance health security, and ensure that vulnerable populations remained central to national health priorities.

In 2025, South Africa made substantial progress in National Health Insurance (NHI) reforms and disease prevention. Over **1.17 million** people began antiretroviral therapy for HIV, and tuberculosis testing was expanded, resulting in a **61%** decrease in TB

incidence since 2015. The country also advanced preventive health measures, including the rollout of a single-dose HPV vaccine and cervical cancer programmes to safeguard women and girls. Furthermore, South Africa adopted Lenacapivir for HIV prevention. In response to emerging threats, the country enhanced its emergency preparedness with support from the WHO, strengthening readiness, early warning systems, and resilience against future crises.

Despite these achievements, WHO operated within a fragile funding environment. The experiences of 2025 remind us that sustainable progress requires diverse financing, stronger domestic resource mobilisation, and ongoing country ownership of health programmes. These lessons will guide our future efforts.

Looking ahead to 2026, WHO remains dedicated to assisting South Africa in advancing broader UHC reforms, enhancing primary health care, accelerating digital health innovation, preventing non-communicable diseases, integrating climate and health initiatives, and maintaining emergency readiness.

I sincerely thank all our partners and donors for your steadfast support. Together, we are building a healthier, fairer, and more prosperous South Africa for everyone.

Shenaaz El-Halabi
WHO Representative, South Africa

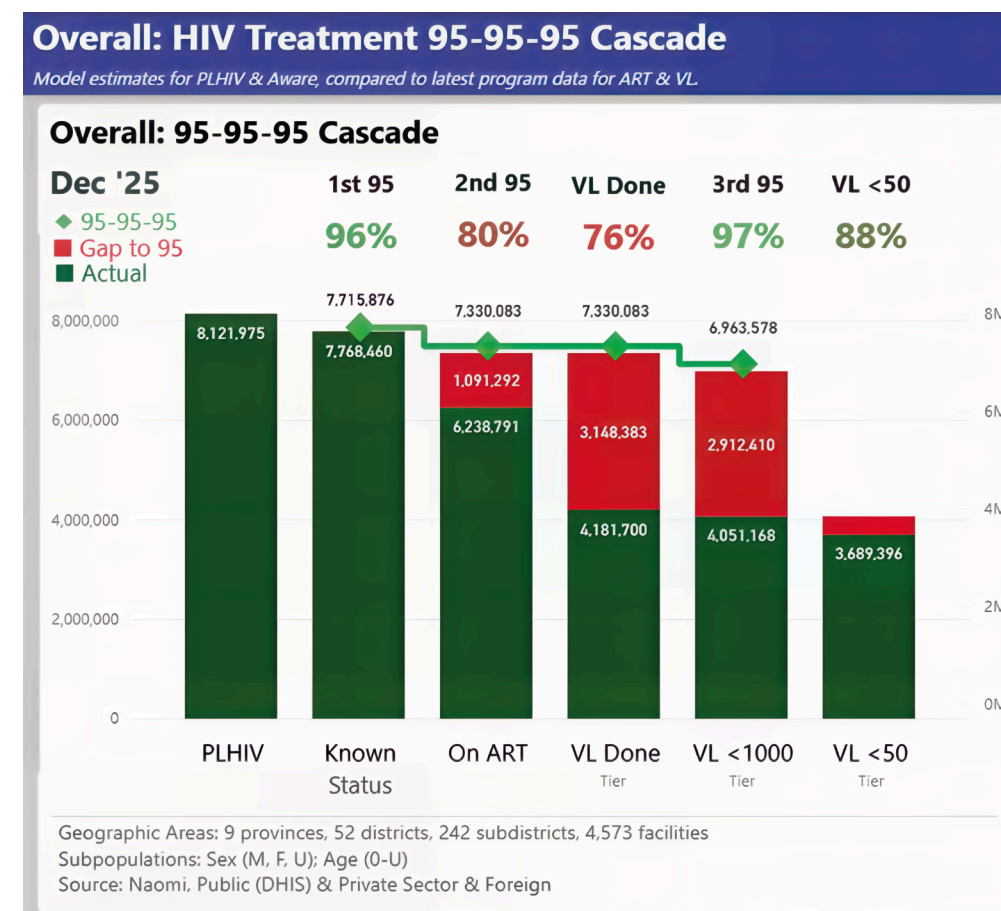


Executive Summary

Despite ongoing fiscal constraints, complex disease burdens, and frequent public health emergencies, the WHO supported South Africa in making measurable progress in strengthening its health system, safeguarding population health, and promoting UHC. The results achieved during the year reflect strong national leadership, supported by targeted WHO technical cooperation across policy reform, service delivery, surveillance, emergency preparedness, and multisectoral action.

Significant progress was achieved in controlling communicable diseases. The Human Immunodeficiency Virus (HIV) programme exceeded national targets, with over **1.17 million** antiretroviral therapy

initiations and improvements in the HIV cascade from **96–79–94** to **96–80–97**, demonstrating stronger linkage to care and better retention for people living with HIV/AIDS. WHO-supported contingency monitoring raised provincial completion rates from **41% to 78%**, allowing more timely corrective actions. Tuberculosis (TB) services expanded testing to **3.49 million** people, reaching **70% of the national target** and contributing to a **61% reduction in TB** incidence since the 2015 baseline. These successes were further supported by the finalisation of updated national guidelines on HIV testing, voluntary medical male circumcision, Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP,) men's health, and Sexually





Community-based services brought HIV prevention closer to people who need it most

Transmitted Infections (STI's) management, standardising quality of care across the country.

Progress in reproductive, maternal, newborn, child, and adolescent health was demonstrated by the **nationwide rollout of single-dose** Human Papillomavirus (HPV) vaccination across all school settings—an important milestone towards eliminating cervical cancer. WHO supported Training of Trainers in all nine provinces to expand HPV Deoxyribonucleic Acid (DNA) testing and contributed to updated maternal, neonatal, and paediatric clinical guidelines. The completion of the Adolescent Investment Case strengthened the economic evidence base for reform, projecting that a **US\$46 billion** investment could generate **US\$762 billion** in returns, equivalent to **7.2%** of GDP per annum.

In non-communicable diseases (NCDs) and mental health, WHO improved early detection and integrated service delivery by

training nurses, community health workers, and Traditional Health Practitioners across provinces. Focused resource mobilisation enabled new pilots, including **USD 59,222** for community mental health transition tools and **USD 70,000** to support the implementation of the Intersectoral Global Action Plan for Neurological Disorders. Technical inputs shaped national policy processes on obesity, diabetes, ageing, and neurological conditions, supporting long-term system reform.

Health emergency preparedness and response marked a key achievement. During multiple outbreaks—including Mpox, diphtheria, measles, cholera, and foodborne illnesses—WHO support shortened response times by rapidly activating Incident Management Teams (IMT) and conducting weekly national and provincial coordination. Critical supplies were delivered, including **250 doses** of diphtheria antitoxin and **35 courses** of tecovirimat for severe Mpox cases. A five-

day Intra-Action Review (IAR) following a major foodborne outbreak in Gauteng improved provincial outbreak response planning. Structurally, **17 of 19** National Action Plan for Health Security technical areas were funded, all-hazards risk assessments were completed in two provinces, and electronic event-based surveillance was piloted in four provinces (KwaZulu-Natal, Eastern Cape, Free State, and Mpumalanga)—laying the groundwork for a more modern, responsive surveillance system.

In our normative guidance role, WHO's contributions to governance and UHC reforms have advanced national milestones. The District Health System Framework and Strategic Plan 2024–2029 were finalised, strengthening district-level planning and accountability. More than **10,000 NHI**

change champions were mobilised to support public engagement in health financing reforms. The National Health Workforce Accounts dataset was consolidated to enhance evidence-based human resources for health planning aligned with Human Resources for Health (HRH) Strategy 2030. Regulatory guidance for AI-enabled ultra-portable digital chest X-ray systems was developed, accelerating access to innovative TB screening technologies.

Multisectoral action progressed across climate and health, food safety, road safety, and environmental surveillance. WHO supported the development of the Health Sector Climate Change and Health

Adaptation Plan, expanded wastewater-based epidemiology for early warning of climate-sensitive diseases, strengthened schistosomiasis microplanning, and integrated risk communication and community engagement into routine child health services by revising the Expanded Programme on Immunisation (EPI) Catch-Up Field Guide.

Operational excellence underpinned these achievements. The WHO Country Office reached **96%** donor reporting compliance, **100%** award close-outs, **90%** on-time

results reporting, and **94%** security compliance. In 2025, the office submitted **11** proposals worth **USD 26.6 million**, secured three successful awards, and advanced several bilateral donor engagements, helping mobilise more than **USD 1.7 million** in confirmed funding while strengthening its

position for continued resource mobilisation into 2026.

Looking ahead to 2026, WHO will focus on supporting the implementation of primary health care reforms under the NHI, deepening climate-health integration, expanding digital health and surveillance systems, accelerating NCD prevention and regulation, and enhancing national and provincial preparedness for public health emergencies. Building on the achievements of 2025, WHO remains committed to collaborating with government and partners to promote a healthier, more resilient, and equitable South Africa.

USD 1.7 million in confirmed funding

South African Health Context 2025

Population & Reform

63 million people

Life expectancy:

65 years



80–85%

rely on public sector services

Implementation of the **National Health Insurance Act** toward **Universal Health Coverage (UHC)**

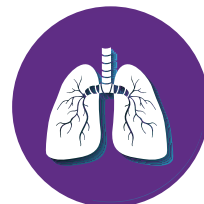
Tuberculosis (TB)

300,000 cases annually

50%

TB/HIV

co-infection rate



Ongoing MDR-TB burden

Malaria

<10,000 cases annually



Elimination is feasible in endemic provinces

Communicable Diseases

HIV



7.8 million people living with HIV

19% adult prevalence (15–49 years)

>5 million on antiretroviral therapy

Mental Health

1 in 3 people

affected in their lifetime



>70% treatment gap

Non-Communicable Diseases (NCD's)

55–60% of all deaths are attributed to NCDs

Hypertension:

30–35% of adults



Diabetes:

10–12% of adults



Overweight/Obesity:

68% of women
31% of men



Systems Pressures

Quadruple burden of disease



Fiscal constraints amid reform

Increasing service demand and system complexity

Maternal & Child Health

Maternal mortality ratio:

114 per 100,000

live births



Under-five mortality:

26 per 1,000

live births

Neonatal mortality:

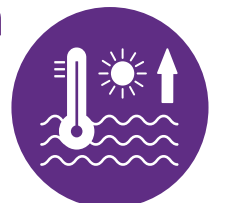
10.7 per 1,000

live births

Health Security & Climate Risks (2025)

Outbreaks of **Mpox, measles, diphtheria and cholera**

Foodborne disease clusters



Climate-related shocks (floods, droughts, heatwaves)

Headline Results at a Glance

2025 in One Line: Stronger policies. Faster outbreak response—expanded service coverage. Improved data systems. Measurable epidemic control gains.

Strategic Outcome

Accelerated progress toward Universal Health Coverage, stronger epidemic control and enhanced national health security.

Aligned with the **National Health Insurance Act**, National Health Strategic Plan and International Health Regulations (IHR).



Policy & System Strengthening

14 national guidelines & policies developed or revised

- Standardised quality of care across provinces
- Strengthened governance foundations for NHI implementation



Workforce & Service Expansion

4,000+ health workers trained

- Improved HIV testing quality & integrated care delivery
- Strengthened emergency readiness in 3 high-risk provinces



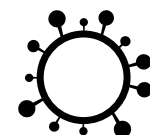
Epidemic Control Gains

1.17 million ART initiations supported

3.49 million TB tests conducted

TB incidence 61% below 2015 levels

- Sustained progress toward HIV epidemic control
- Continued long-term TB decline

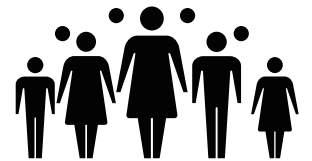


Women, Children & Adolescents

National rollout of single-dose HPV vaccine

HPV DNA testing ToT completed in all 9 provinces

Updated maternal & neonatal care guidelines



→ Reduced cervical cancer risk

→ Strengthened prevention of preventable maternal & newborn deaths

Health Security & Emergency Preparedness

Mpox Incident Management Teams activated

250 doses of diphtheria antitoxin deployed

35 courses of tecovirimat supplied

17 of 19 NAPHS technical areas cost



→ Reduced time to outbreak response

→ Strengthened national preparedness architecture

Resource Mobilisation & Stewardship

Over USD 1.7 million mobilised through direct and leveraged funding channels

South Africa delivered a USD 1 million pledge to the WHO Investment Round.

96% donor reporting compliance | 100% award close-outs



→ Strong financial stewardship

→ Sustained multilateral health cooperation

Smarter Surveillance & Accountability

Electronic Event-Based Surveillance piloted in 4 provinces

National Data Quality Assessment in 7 provinces

Real-time HIV contingency dashboard operational



→ Faster outbreak detection

→ Stronger programme accountability

→ Improved strategic decision-making

Results by Strategic Priority

Universal Health Coverage (UHC)

Strengthening Foundations for a More Coherent Health System

In 2025, South Africa accelerated progress towards Universal Health Coverage through newly operational governance and policy tools. The finalisation of the District Health System Framework and Strategic Plan 2024–2029 provided a roadmap for accountability and consistent service delivery across provinces. The mobilisation of 10,000 NHI change champions fostered nationwide awareness and engagement in health reforms. Updated clinical guidelines in 14 areas, including HIV testing and maternal care, ensured standardised, evidence-based care. These efforts strengthened governance, improved readiness for NHI, and enhanced equity in healthcare quality nationwide.

South Africa implemented several foundational reforms vital for achieving Universal Health Coverage (UHC), with the WHO offering strategic technical assistance to enhance governance, improve financing, expand workforce capabilities, strengthen Health Information Systems (HIS), and improve service quality across the entire continuum of care. These initiatives aligned closely with the National Health Insurance (NHI) agenda and the broader goal of building a resilient, people-centred primary health care (PHC) system. WHO's support concentrated on enabling structural reforms, standardising quality of care, and equipping health managers and frontline providers with the necessary skills and tools to deliver integrated, equitable, and universal health services.

A significant achievement in governance and system strengthening was the finalisation of the District Health System Framework and Strategic Plan 2024–2029, which marks a major milestone by providing a blueprint to enhance district-level planning, accountability, and performance. The framework modernises district governance mechanisms, clarifies roles and responsibilities, and ensures better alignment between national priorities and provincial implementation.

Complementing this reform, WHO supported the mobilisation of 10,000 NHI change champions, thereby strengthening community engagement and improving public understanding of NHI implementation. This initiative helped foster trust in health reforms and



Leadership dialogue helps strengthen coordination and a shared commitment to better health outcomes



Universal Health Coverage means ensuring everyone can access quality health services without financial hardship. WHO South Africa continues to support this vision through stronger, more equitable health systems

empowered communities to participate more actively in their health system's transformation.

Health financing has also seen significant progress. WHO supported the Health Financing Progress Matrix Assessment, which critically analysed South Africa's financing functions and identified gaps that require policy action to advance UHC. This was complemented by the submission of updated national health expenditure data to the Global Health Expenditure Database, strengthening the evidence base for financing reforms and enabling better monitoring of fiscal trends. Together, these actions improved the country's financial accountability, informed policy discussions on NHI costings, and clarified pathways towards more efficient and equitable resource allocation.

The health workforce remained a key component of UHC initiatives. In 2025, WHO supported the formalisation and embedding of the National Health Workforce Accounts (NHWA) dataset—one of the most important improvements in national HRH intelligence. The NHWA offers a detailed, standardised overview of workforce availability, distribution, skill mix, and training outputs, supporting South Africa's HRH Strategy 2030 and guiding long-term planning for PHC staffing requirements.

With WHO support, efforts concentrated on strengthening the performance of the Health Information System at the provincial level, fostering commitment and skills to enhance data-driven, evidence-based decision-making across facility, provincial, and national tiers. A national Data Quality



Assessment (DQA) was successfully conducted in six provinces, KwaZulu-Natal, Mpumalanga, Eastern Cape, Northwest, Northern Cape, and Gauteng, revealing gaps in data quality. Beyond identifying weaknesses, the DQA process-built capacity among health personnel in data management practices, aiming to improve the accuracy and completeness of reports to the national District Health Information System (DHIS), the Notifiable Medical Conditions Systems (NMC), and Tier.Net. As a result, data quality is expected to improve, laying a stronger foundation for informed decision-making, improved service delivery, and ultimately better health outcomes across the nation.

Collectively, these accomplishments contributed to significant progress towards a more integrated, resilient, and equitable

health system. The enhanced policy environment, improved district governance, strengthened workforce capabilities, and updated financing and clinical frameworks collectively advance South Africa's path toward Universal Health Coverage. WHO's ongoing support will be crucial as the country transitions from policy development to deeper implementation of NHI reforms, scales up PHC transformation, and ensures equitable access to services for all communities.

Communicable Diseases (HIV, TB, TVD)



Advancing progress against communicable diseases through prevention, early detection and effective public health action remains key to protecting communities



Dr Aaron Motsoaledi, Minister of Health of South Africa, addresses the national campaign Closing 1.1 million HIV Treatment Gap

HIV

A Year of Record Treatment Uptake and Improved System Performance

In 2025, South Africa's national HIV response made significant progress, reaching 1,179,615 ART initiations—103% of its target. Treatment outcomes improved as the HIV cascade advanced from 96–79–94 to 96–80–97, supported by better linkage to care and real-time monitoring—WHO-supported updates to testing and prevention guidelines, including Lenacapavir, enhanced provider skills. Retention rates increased substantially, with the national Dashboard raising completion rates from 41% to 78%, enabling quicker identification of service gaps. Overall, the HIV programme became more resilient and better equipped to meet community needs.

The HIV response in 2025 was characterised by an increased use of data to deliver targeted interventions, improved adoption of guidelines, enhanced health worker capacity, and effective community mobilisation. These achievements collectively brought South Africa closer to its HIV epidemic control targets,

strengthened the resilience of the primary healthcare platform, and laid the foundation for sustainable long-term progress. With ongoing collaboration with WHO, the country is well placed to deepen these gains, improve integration with TB and NCD services, and sustain momentum towards the 95-95-95 goals.

The year's achievements showcase strong national leadership and focused WHO support to enhance guidelines, improve data-driven accountability, and build health worker capacity at all system levels. One of the most notable accomplishments of 2025 was the acceleration of antiretroviral therapy (ART) uptake. With WHO's backing for the national Close the Gap Campaign, South Africa reached **1,179,615** new ART initiations—103% of the annual target—indicating robust community engagement, increased service accessibility, and improved case-finding strategies.

The country also showed measurable improvement in the HIV treatment cascade: viral suppression, linkage to care, and retention all improved collectively, rising from 96–79–94 to 96–80–97 during the year. These gains were supported by WHO's capacity-building initiatives, which trained more than **4,000** health workers in updated HIV Testing Services and quality assurance protocols, thereby enhancing early diagnosis and improving patient pathways from testing to treatment.

Data quality and programme monitoring also improved significantly. One of the most transformative investments was the institutionalisation of real-time contingency monitoring for ART retention, facilitated by the HIV Contingency Planning Dashboard. WHO's support helped provinces increase the completion of contingency plans from **41% (232 plans)** to **78% (397 plans)**, enabling more responsive management and

timely corrective action at district and facility levels. This improvement translated into better linkage-to-care performance, quicker identification of service gaps, and more targeted interventions to reduce loss-to-follow-up, particularly in high-burden districts.

WHO further enhanced HIV programme performance by supporting the finalisation and dissemination of several high-impact national guidelines and policy updates. Revised national guidelines for HIV Testing Services, Voluntary Medical Male Circumcision (VMMC), and PEP/PrEP, including the integration of Lenacapavir, modernised the HIV prevention and testing

landscape. These guidelines standardised clinical practice, aligned with global recommendations, and expanded prevention options for populations at higher risk. WHO also contributed to updated guidance on sexually transmitted infections and Men's Health, helping strengthen integrated service delivery and drawing greater attention to historically underserved priority groups.

Community engagement and tailored service delivery models were vital in reaching individuals who had previously been disengaged from care. Through the "Close the Gap" initiative and improved collaboration with provincial teams, WHO supported intensified outreach to re-engage over 1.1 million people living with HIV who had been lost to follow-up. These efforts helped close ongoing retention gaps and ensured that more people received uninterrupted ART services.



Expanding access to quality HIV services remains central to improving health outcomes



Expanding access to rapid diagnostics in South Africa helps strengthen TB detection, treatment and patient outcomes

TB

Transforming Detection Through Technology and Accountability

In 2025, South Africa's TB response experienced notable improvements in early detection and programme performance, with 3.49 million people tested, reaching 70% of its national target. Developments included WHO-supported approval for AI-enabled digital chest X-ray systems to enable rapid screening in high-burden regions. Provincial TB performance reviews, involving over 50 stakeholders each, improved accountability and data analysis. These measures contributed to a 61% reduction in TB incidence since 2015, emphasising the importance of innovation, data utilisation, and collaboration in healthcare.

South Africa strengthened its tuberculosis (TB) response through expanded testing, improved surveillance, enhanced clinical preparedness, and reinforced data-driven accountability mechanisms. WHO's technical support helped the country to advance the implementation of the National Strategic Plan for TB and to intensify efforts to address gaps in case detection, diagnosis, and treatment, especially in high-burden districts and among underserved populations.

The TB achievements of 2025 showcase a maturing programme with enhanced diagnostics, clearer oversight and performance, improved technological capabilities, and increased readiness for future innovations. With WHO's continued support, South Africa is well-placed to accelerate TB elimination efforts, further decrease incidence and mortality, and sustain long-term progress through integrated, data-driven, and community-centred methods.

The results demonstrate the effect of a coordinated national effort to modernise TB screening tools, integrate surveillance systems, and speed up progress towards the End TB targets. A key achievement was the substantial expansion of TB testing coverage. South Africa carried out **3,498,740** TB tests—**70%** of the **5-million** testing goal—as part of the national End TB Campaign. This scale-up enhanced early case detection, reinforced transmission control, and contributed to reducing undiagnosed TB in the community. These efforts were supported by WHO's assistance in strengthening provincial TB

performance reviews, which gathered more than 50 participants per province to analyse testing trends, identify care gaps, and find opportunities for faster action. This regular, structured review process enhanced accountability, promoted evidence-based decision-making, and reinforced a culture of performance improvement within the TB programme.

The country's long-term progress in reducing TB incidence continued, with cases declining by **61%** from the 2015 baseline, a notable achievement in the regional and global context. This decrease reflected sustained investments in expanded case-finding, improved laboratory systems, wider adoption of innovative diagnostics, and greater integration of TB and HIV services.

WHO contributed to this progress by supporting the introduction and expansion of AI-enabled TB screening technologies. Notably, in 2025, WHO technical assistance helped finalise the SAHPRA guidelines for ultra-portable digital chest X-ray systems, enabling national expansion of digital and AI-supported screening. These policy reforms paved the way for faster, more accurate case detection in community settings, workplaces, and high-burden districts.

Vaccine preparedness has become another key area for progress. WHO supported national and provincial efforts to boost readiness for future TB vaccines through technical workshops, roadmap creation, and capacity-building initiatives. These activities helped identify the operational, regulatory, and logistical needs for future

deployment, ensuring that South Africa is well prepared to adopt next-generation TB vaccines once they become available.

TB data quality and surveillance systems also improved. Through WHO-supported initiatives, provinces received guidance on strengthening surveillance processes, interpreting trends, and harmonising reporting.

These improvements enhanced the accuracy and reliability of TB indicators, enabling national teams to identify better service gaps, such as delays in diagnosis, treatment interruptions, and underperformance in key districts, and to

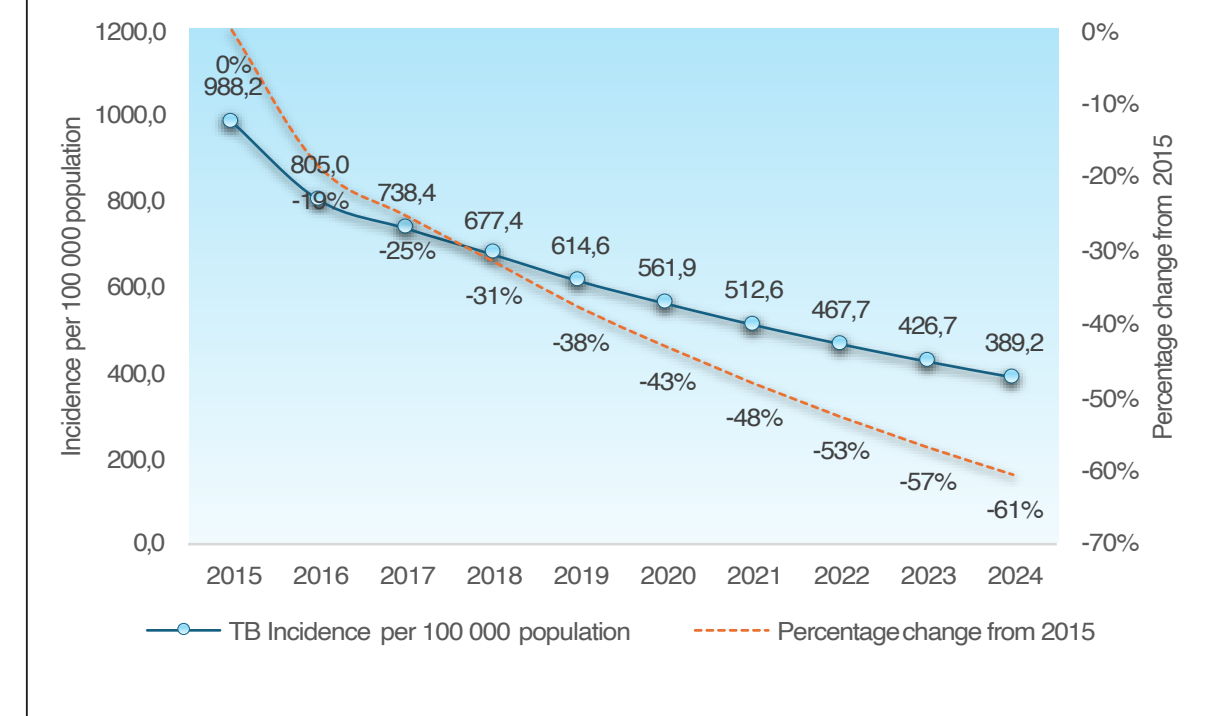
adapt interventions accordingly. Additionally, integrated data reviews across TB and HIV programmes supported more coherent planning and highlighted opportunities for joint interventions in settings with overlapping disease burdens.

The TB response also benefited from enhanced cross-border and regional coordination, particularly through WHO's contributions to multisectoral preparedness initiatives for Mpox, cholera, and polio. These efforts complemented TB programme activities by strengthening surveillance and infection control across shared platforms, further improving health system resilience.

**3.49
million
TB TESTS**



TB Incidence and reduction since 2015





Dr Dhruv Pandey, Medical Officer, WHO Southern Africa supporting training of spraying team for malaria indoor residual spraying in Limpopo, South Africa

Tropical and Vectorborne Diseases

Modernising Vector Control and Preparing for Climate Risks

In 2025, with WHO support, multi-hazard simulations in KwaZulu-Natal and Mpumalanga improved preparedness for malaria outbreaks linked to climate variability. Updated operational plans enhanced response times and coordination during seasonal outbreaks, increasing the programme's agility and environmental sustainability in high-transmission areas.



A mosquito net helps protect families while wider prevention, surveillance and response efforts reduce the risk of vector-borne diseases

South Africa maintained control of malaria while implementing strategic policy shifts to modernise vector control and lessen environmental risks. WHO's technical support focused on WHO-prequalified alternatives for Indoor Residual Spraying (IRS), aligning South Africa's programme with current global best practices and supporting long-term safeguards for ecosystems and human health. This transition planning was integrated into broader multisector preparedness efforts that also reinforced surveillance, cross-border coordination, and emergency readiness for other vector- and waterborne threats. Throughout 2025, WHO collaborated with national and provincial partners to review product options, operational implications, and regulatory pathways for effective IRS alternatives. Technical engagements supported by WHO helped the programme evaluate supply-chain readiness, update micro-plans, and strengthen entomological monitoring requirements for a product transition. These measures positioned the National Department of Health to undertake a phased, well-governed shift that maintains high vector-control efficacy while addressing environmental health considerations.

Malaria activities also benefited from health security platforms being strengthened during the year. Simulation exercises with provincial emergency teams—particularly in KwaZulu-Natal and Mpumalanga—tested multi-hazard readiness for scenarios including malaria and flood-related outbreaks, enhancing operational coordination among surveillance, laboratories, logistics, and public communication functions. Outputs from these exercises informed updates to Public Health Emergency Operations Centre (PHEOC) operational plans and handbooks, helping ensure that malaria alerts can trigger rapid, standardised actions across provincial structures.

Regional and cross-border aspects remained essential for maintaining progress in malaria elimination. **WHO supported collaborative mechanisms** that South Africa used to tackle multiple threats (Mpox, cholera alerts, and nOPV2 polio vaccination coordination), strengthening information sharing and incident management, both of which are crucial for malaria importation risk. Developing malaria Monitoring and Evaluation scorecards for cross-border programmes enhanced performance monitoring and joint accountability with neighbouring initiatives, enabling timely identification of cross-border transmission and a coordinated response.

These combined actions—strengthened multi-hazard preparedness, and improved regional coordination—helped protect hard-won malaria gains and positioned South Africa to sustain low transmission despite climate variability and mobility-related risks. Looking ahead, WHO will continue to support the National Department of Health in consolidating entomological surveillance, and using emergency preparedness platforms to ensure rapid response capability for malaria surges, especially in high-risk border districts.

Additionally, the WHO provided significant support for neglected tropical disease (NTD) control by enhancing coordination and planning for schistosomiasis. The organisation assisted with national schistosomiasis microplanning, involving 140 participants, and standardised templates while aligning provincial planning processes with WHO recommendations. This work improved prevention strategies and promoted the integration of NTD activities into routine district health services, especially in high-risk and rural areas, where school-aged children remain disproportionately affected.



WHO South Africa has been supporting partnerships and policy dialogue to strengthen the prevention and management of diabetes and other noncommunicable diseases

Noncommunicable Diseases & Mental Health

Expanding Integrated, Community-Centred Chronic Care

In 2025, significant progress was achieved in preventing and managing noncommunicable diseases (NCDs) and mental health. WHO trained nurses, community health workers, and Traditional Health Practitioners to provide integrated primary health care services. The national diabetes programme improved monitoring through harmonised DHIS indicators, revealing gaps in services. New investments of USD 59,222 for community-based mental health and USD 70,000 for neurological disorders under IGAP expanded integrated chronic care. These measures enhanced continuity of care, supported deinstitutionalisation, and improved access to early detection and treatment services in communities.

In 2025, South Africa's response to noncommunicable diseases (NCDs) and mental health continued to develop towards more integrated, people-centred, and community-based models of care. Rising burdens of diabetes, hypertension, obesity, mental health disorders, and neurological conditions increased the need for systems capable of early detection, ongoing management, and coordinated prevention. WHO's technical support focused on strengthening service delivery platforms, enhancing provider competencies, expanding multisector partnerships, and advancing key policy processes to bring the country closer to comprehensive, equitable chronic care.

Collectively, these achievements have advanced South Africa's move towards more resilient, people-centred chronic care systems. Improved provider skills, more standardised data, strengthened community-based mental health models, and pioneering policy work on obesity and neurological disorders have helped expand the scope and quality of NCD and mental health services. WHO's ongoing collaboration will be crucial in scaling integrated service delivery, strengthening behavioural and regulatory prevention strategies, and ensuring equitable access to high-quality chronic care across all provinces.

A key aspect of WHO's support was expanding the capacity of frontline health workers. Training initiatives in KwaZulu-Natal and the Northwest enhanced the skills of nurses, community health workers, and Traditional Health Practitioners, enabling them to provide integrated screening, diagnosis, and management of NCDs at the primary healthcare level. This upskilling was essential in provinces with

limited specialist coverage and a high NCD burden, helping to shift chronic care towards more decentralised, accessible services and reducing reliance on costly hospital-based treatment. These training programmes also promoted a multidisciplinary approach, strengthening referral pathways and ensuring continuity of care for patients with multiple chronic conditions.

WHO supported significant progress in diabetes prevention and management. The organisation helped scale the Amplifying Diabetes Awareness, Care and Treatment in South Africa (DACT-SA) project, providing technical guidance to harmonise routine indicators within the District Health Information System (DHIS) and to strengthen monitoring frameworks for integrated chronic disease care. This work contributed to more consistent data capture, improved visibility of diabetes service gaps, and stronger planning for national rollout. These improvements in local-level capacity and data quality also supported national stewardship, enabling policymakers to make more informed decisions on resource allocation and service design for diabetes care.

Mental health remained a vital cross-cutting priority, especially amid the dual pressures of chronic disease burdens and the psychological effects of socioeconomic stress, climate events, and infectious disease outbreaks. In 2025, WHO mobilised **USD 59,222** to pilot community-based mental health transition tools, supporting South Africa's ongoing shift from institutional care to community-integrated, recovery-focused services. This investment enhanced continuity of care, decreased reliance on specialised inpatient facilities, and aligned national systems with global



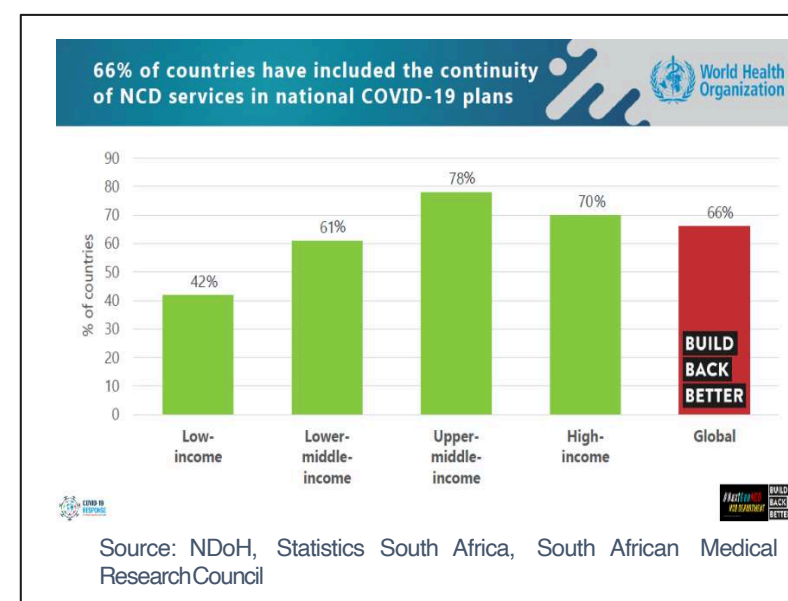
Improving access to diabetes screening and care helps people live healthier, longer lives

best practices in mental health reform. Complementing this effort, WHO facilitated policy dialogue and capacity-building to strengthen provincial mental health planning and improve the quality of services provided in PHC settings.

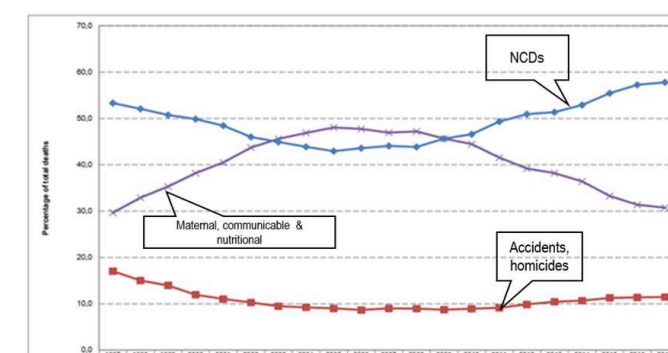
Neurological disorders have also garnered national attention as part of a wider effort to strengthen integrated chronic care. WHO secured **USD 70,000** to assist with the implementation of the Intersectoral Global Action Plan (IGAP) for Epilepsy and Neurological Disorders, including organising the Southern Africa IGAP Forum. These initiatives brought together experts from different fields to standardise national approaches, identify service gaps, and develop strategies to improve detection, diagnosis, treatment, and social support for those affected by neurological conditions. This work laid a vital foundation for incorporating neurological health into broader PHC reforms and NCD strategies.

WHO's support extended beyond health facility settings into policy areas that influence NCD prevention and long-term system resilience. The organisation provided technical expertise in developing South Africa's anti-obesity medicines framework, helping to guide the safe and equitable introduction of new GLP-1-based therapies as they enter the global market. This proactive policy support positioned the country to manage the rapid evolution of obesity treatment options while preventing inequalities in access and potential over-medicalisation.

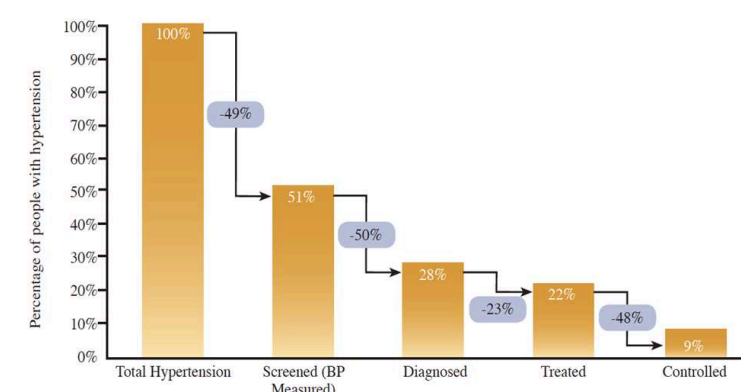
WHO also supported the integration of the Integrated Care for Older People (ICOPE) model into the National Policy Framework for Older Persons, marking an important step towards strengthening chronic care for ageing populations and aligning services with the demographic shift towards increased life expectancy.



Percent of death attributable to NCDs, communicable diseases and injuries in South Africa (1997-2019)



Hypertension care cascade





Quality maternal and newborn care helps give every child the healthiest possible start in life

Sexual, Reproductive, Maternal, Newborn, Child & Adolescent Health

Advancing Prevention and Quality Across the Life Course

In 2025, significant advances were made in SRMNCAH, including the nationwide rollout of the single-dose HPV vaccine for cervical cancer prevention and the Training of Trainers for HPV DNA testing across all provinces. Updated maternal, neonatal, and child health guidelines improved the quality of clinical care. The Adolescent Investment Case showed that a US\$46 billion investment could yield US\$762 billion in returns, underscoring the importance of prioritising adolescent well-being. These developments positioned South Africa to improve reproductive, maternal, newborn, child, and adolescent health outcomes.

South Africa achieved important milestones in enhancing sexual, reproductive, maternal, child, and adolescent health (SRMNCAH), with WHO's technical support notably improving policy, prevention, quality of care, and multisectoral coordination. Progress was driven by a strong national commitment to reducing avoidable mortality, boosting adolescent well-being, and advancing cervical cancer elimination. WHO's contributions included technical policy support, normative guidance, dissemination of guidelines, training, development of investment cases, and capacity-building at the system level.

WHO's contributions in 2025 strengthened the SRMNCAH platform across policy, prevention, quality of care, adolescent health, and life-course approaches. These achievements not only improved service readiness and clinical consistency but also helped South Africa accelerate its pathway to eliminating cervical cancer, reducing maternal and neonatal mortality, and

enhancing health outcomes for adolescents and children.

Continued investment in coordination, data systems, and multisectoral action will be essential to maintain this momentum towards equitable, high-quality SRMNCAH services for all communities

A major highlight of the year was the national rollout of single-dose HPV vaccination across public, special, and private schools. This transition marked a transformative shift in South Africa's approach to cervical cancer prevention, enabling wider reach, reducing operational complexity, and aligning with updated global recommendations. To support this scale-up, WHO facilitated Training of Trainers (ToT) across all nine provinces to implement HPV DNA testing—an essential diagnostic innovation that enhances cervical cancer screening and early detection.



Access to quality maternal health care at facilities such as Mitchells Plain District Hospital in Cape Town supports healthier mothers and newborns

These combined efforts significantly advanced South Africa's cervical cancer elimination agenda and laid the groundwork for future integration of vaccination, screening, and treatment pathways.

Strengthening maternal, neonatal, and paediatric care remained central to WHO's SRMNAH efforts in 2025. The organisation supported the finalisation and dissemination of updated maternal health guidelines, neonatal care guidance, and infant and child health protocols, ensuring alignment with global standards and improving consistency in clinical decision-making at the facility level. These guidelines addressed ongoing gaps in quality of care, introduced updated risk-based approaches, and enhanced district-level implementation capacity. WHO also assisted in revising the national Vaccinator Manual, thereby improving health worker competencies in routine immunisation, catch-up strategies, and the management of missed vaccination opportunities.

WHO contributed to advancing strategic reforms in maternal and newborn health through technical input to the Maternal, Neonatal and Stillbirth Transition Framework, a structured process that identifies gaps, system bottlenecks, and pathways to achieve SDG targets. Findings from this framework provided the evidence necessary to promote sustained reductions in maternal and neonatal mortality and to support national planning for quality-of-care improvements across the entire



Every vaccination visit is a chance to protect a child's health today and in the years ahead

continuum of care. These contributions aligned closely with the WHO's global Every Newborn Action Plan and initiatives on Quality, Equity, and Dignity

Adolescent health received renewed attention in 2025, driven by strong evidence of significant returns on investment in young people. WHO supported the finalisation of South Africa's national Adolescent Investment Case, which showed that an investment of **US\$46 billion** could generate **US\$762 billion** in lifetime returns—equivalent to **7.2%** of GDP annually. This evidence provides a compelling rationale for multisector investment in adolescent SRHR, mental health, education, violence prevention, and nutrition. Additionally, WHO facilitated the validation of national adolescent health indicators through the Global Action for Measurement of Adolescent Health (GAMA), identifying measurement gaps and

enhancing national monitoring systems. These efforts help position South Africa as a regional leader in adolescent health evidence and action.

In child health, the WHO supported training for community health workers and nurses across provinces to strengthen infant and child health interventions, improve growth

Healthy Ageing. This process enhanced monitoring frameworks, identified policy gaps, and improved coordination among ageing, NCD, and SRH strategies. Incorporating healthy ageing principles into broader health system reforms ensures that older people are recognised as a priority population in health planning and service development.



Investing in adolescent health means investing in stronger, healthier communities for generations to come

monitoring, and support earlier identification of developmental and nutritional risks. This training complemented updates to immunisation materials and integrated guidance for frontline service providers, helping reinforce continuity of care for young children—particularly in underserved or high-burden districts.

To promote healthy ageing, an increasingly important aspect of the life-course approach, WHO supported South Africa's mid-term evaluation of the UN Decade of





Partners gather at the 2025 launch of South Africa's Pandemic Fund project, advancing a One Health approach to preparedness and response. WHO South Africa is one of the Implementing Entities

Health Emergencies and Preparedness

A More Predictable and Coordinated Emergency System

In 2025, South Africa's health security system experienced significant improvements, supported by the WHO in areas such as coordination, surveillance, supply chain preparedness, and governance. Weekly Mpox Incident Management Team meetings enhanced the national response and decision-making. During outbreaks, essential supplies, including tecovirimat and diphtheria antitoxin, were swiftly mobilised. A severe foodborne outbreak prompted a five-day Intra-Action Review that refined SOPs and response plans. Event-based surveillance was piloted in four provinces, improving early signal detection, while 17 of 19 NAPHS technical areas were budgeted for future investments. These initiatives strengthened South Africa's outbreak response capabilities.

Collectively, the WHO's contributions in 2025 enhanced South Africa's ability to prevent, detect, and respond to public health emergencies. Quicker outbreak response, better surveillance, stronger governance, improved cross-sector coordination, and a renewed emphasis on risk communication and supply chain preparedness all contributed to a more resilient health security system. These improvements reduced morbidity and mortality from high-risk outbreaks, boosted provincial capacity to manage climate-related hazards, and established the foundation for a more predictable, institutionalised emergency management system that supports long-term resilience and UHC goals.

South Africa faced a complex and evolving public health emergency landscape, shaped by climate-related hazards, outbreaks of emerging and re-emerging diseases, and rising cross-border health risks.

WHO's support focused on strengthening early-warning systems, improving the speed and coordination of outbreak responses, and building long-term, institutionalised preparedness across national and provincial structures. This comprehensive engagement bolstered South Africa's health security architecture and advanced the implementation of the International Health Regulations (IHR 2005) and the National Action Plan for Health Security (NAPHS).

South Africa faced multiple outbreaks in 2025, including Mpox, diphtheria, measles, cholera, conjunctivitis, and a major foodborne incident. These incidents tested

national preparedness and response capacity. WHO supported the swift activation and operation of Mpox Incident Management Teams (IMTs), establishing weekly national IMT meetings to enhance real-time information sharing, provincial coordination, and rapid decision-making. These measures considerably shortened response times for high-risk outbreaks and promoted more coordinated operational efforts across provinces.

WHO also strengthened clinical and operational readiness by supporting the development and adoption of updated national guidelines for Mpox, diphtheria, and measles, ensuring frontline clinicians

had the latest evidence-based protocols for diagnosis, treatment, and infection prevention. Critical supplies were quickly mobilised:

35 courses of tecovirimat were distributed to manage severe Mpox cases, and **250** doses of diphtheria antitoxin were deployed across six hospitals, helping to stabilise care

capacity during the Western Cape diphtheria outbreak. These targeted interventions enabled faster clinical stabilisation, reduced morbidity, and supported continuity of essential services during emergencies.

Following a significant foodborne outbreak in Gauteng that affected **851** individuals and caused 30 deaths, WHO carried out a five-day Intra-Action Review (IAR), resulting in revised outbreak response plans, enhanced standard operating procedures (SOPs), and improved multisectoral coordination. This process bolstered preparedness for future foodborne

Collectively, the WHO's contributions in 2025 enhanced South Africa's ability to prevent, detect, and respond to public health emergencies.

incidents and strengthened collaboration among the public health, environmental health, and food safety sectors. WHO's support also focused on establishing long-term, proactive preparedness measures.

In 2025, the implementation of the National Action Plan for Health Security (NAPHS) accelerated, with WHO assisting the country in completing costings for 17 of 19 technical areas. This comprehensive resource-mapping exercise provided national and provincial leadership with a clear understanding of capacity gaps, financial requirements, and priority investment areas to strengthen South Africa's health security system. WHO's support in documenting and presenting NAPHS activities to participants during quarterly meetings helps promote a data-driven approach to achieving specific goals. Provincial readiness also advanced through All-Hazard Risk Assessments conducted in the Eastern and Western Cape provinces. These assessments engaged over

100 stakeholders and generated detailed risk profiles, seasonal risk calendars, and revised contingency plans for hazards such as floods, cholera, and climate-sensitive infectious diseases. This systematic approach ensured that preparedness actions were grounded in local epidemiological and environmental realities, enabling more targeted resource deployment and bolstering operational readiness across sectors.

WHO further strengthened IHR implementation by supporting quarterly multisectoral coordination meetings, disseminating updated global guidance, and facilitating national dialogues on domesticating amended IHR provisions and preparing for the WHO Pandemic Accord. These efforts enhanced institutional awareness, clarified responsible authorities, and improved accountability for core health security functions.

Simulation exercises served as essential tools for stress-testing emergency systems and revealing operational weaknesses. WHO supported these exercises in KwaZulu-Natal and Mpumalanga, focusing on multi-hazard scenarios, including floods, cholera, malaria, and acute watery diarrhoea. These exercises enhanced operational readiness by improving detection, reporting channels, surge capacity systems, and cross-departmental coordination. Outcomes included updated PHEOC activation procedures, revised operational handbooks, and increased capacity of rapid response teams (RRTs).

The strengthening of Public Health Emergency Operations Centres (PHEOCs) was particularly significant. Through updated SOPs, clearer coordination structures, and training for emergency staff, PHEOCs across multiple provinces became more effective, consistent, and aligned with WHO flagship initiatives such as PROSE, TASS, and SURGE. This alignment fostered a more predictable, coordinated response system, ensuring prompt activation of emergency operations and transparent governance.

Effective communication remained central to outbreak prevention and control. WHO supported the integration of Risk Communication and Community Engagement (RCCE) into routine service

delivery by embedding RCCE approaches in the national EPI Child Health Catch-Up Field Guide—a major shift from previous ad hoc emergency communication models. WHO also strengthened multisectoral

communication networks, produced multilingual public education materials, and supported public messaging on Mpox, measles, foodborne outbreaks, and climate-linked hazards. These

efforts helped build community trust, improve public awareness, and enhance adherence to prevention measures during outbreaks.

WHO helped establish the National Steering Committee for the Pandemic Fund, enhancing South Africa's leadership and accountability for multi-country and single-country investments. WHO provided technical support to improve procurement processes for Pandemic Fund investments, ensuring transparent and efficient flows of emergency commodities. The organisation also supported the institutionalisation of event-based surveillance in four provinces, laying the groundwork for national rollout and strengthening the country's capacity to detect unusual health events at source. Through quarterly IHR monitoring and the adoption of standardised tools and contingency plans across at least seven provinces, South Africa made significant progress in embedding preparedness functions within routine health system operations.



Preparedness is built through practical skills, coordination and engagement with the communities most at risk



WHO South Africa together with partners have been discussing priorities for building stronger systems to prevent, detect and respond to public health threats



Health promotion starts in communities, where awareness, participation and action come together to improve health. This remains central to WHO South Africa's work

Health Promotion and Social Determinants

Building a Healthier, More Resilient Environment

In 2025, efforts to tackle social and environmental determinants of health expanded, strengthening prevention and community resilience. WHO developed the Health Sector Climate Change and Health Adaptation Plan to better prepare for climate-related health risks. Advances in environmental surveillance, especially wastewater-based epidemiology, have enhanced early detection of climate-sensitive pathogens. Additionally, a review of the National Road Safety Strategy strengthened multisectoral action to reduce road injuries and deaths, collectively improving population health protection.

WHO enhanced South Africa's capacity to address the broader factors influencing health by promoting prevention strategies, boosting community participation, and supporting multisectoral collaboration. These initiatives were based on the understanding that health outcomes are significantly affected by environmental factors, climate change, social inequalities, nutrition, movement patterns, and community behaviours. WHO's technical support assisted South Africa in shifting from reactive, disease-specific methods to more integrated, proactive, and participatory approaches that strengthen resilience and decrease vulnerability, especially for marginalised groups.

WHO's contributions in 2025 strengthened South Africa's capacity to address upstream health drivers and advance population-level prevention. Through climate-health integration, improved environmental surveillance, strengthened RCCE systems, enhanced nutrition and reinforced road safety coordination, WHO helped the country build a more resilient, health-promoting environment. These efforts were crucial in reducing risk exposure, empowering communities and supporting South Africa's progress towards a more equitable, prevention-focused health system.

A key achievement in 2025 was the integration of climate and health into national policy frameworks. WHO provided technical support for developing the Health Sector Climate Change and Health Adaptation Plan, a vital blueprint to enhance resilience to climate-sensitive hazards, including extreme heat, flooding, vector-borne diseases, and foodborne outbreaks. The plan offered practical

guidance on surveillance, emergency preparedness, health workforce training, and climate-resilient infrastructure, ensuring that climate risks are systematically addressed across the health sector. The work aligned national efforts with global climate and health agendas and strengthened South Africa's preparedness for future climate-related emergencies.

Nutrition and its connection with infectious diseases received renewed attention. WHO co-hosted a national TB & Nutrition webinar with over 100 stakeholders, translating emerging evidence into operational guidance for provinces. By supporting discussions on nutrition support for TB patients and incorporating nutrition considerations into broader disease control programmes, WHO strengthened cross-programme collaboration and laid the groundwork for improved nutritional interventions for chronic disease, childhood health, and infectious disease recovery.



Environmental health surveillance has made significant progress. WHO supported the growth of wastewater-based epidemiology, backed by dedicated funding for environmental surveillance.

Technical reviews of 40 wastewater surveillance studies helped the country identify best practices, refine sampling protocols, and establish environmental monitoring as an early-warning system for pathogens linked to climate variability, food safety, and water quality issues. This enhanced the capability of national and provincial teams to detect outbreaks sooner and to implement targeted public health measures.



Road safety, a key social determinant given South Africa's high injury burden, was another strategic focus area. WHO supported the review of the National Road Safety Strategy. These activities aligned South Africa with the UN Decade of Action for Road Safety, strengthened national capacity to address behavioural risks, improved infrastructure safety, and reinforced intersectoral accountability mechanisms. This multisector engagement ensured that health-sector perspectives, including emergency care readiness, public awareness, and injury surveillance, were integrated into national road safety strategies.



a routine, preventive service delivery element. Additional efforts included strengthening communication networks across the health, education, and social development sectors, and producing multilingual public communication materials on foodborne illness, Mpox vaccination, outbreak prevention, and climate-related risks. These actions significantly enhanced the clarity,

timeliness, and reach of public health messaging, fostering community trust and boosting public participation in health protection activities.

Risk Communication and Community Engagement (RCCE) played an increasingly important role in health promotion during 2025. WHO supported the integration of RCCE into the national EPI Child Health Catch-Up Field Guide, transforming RCCE from an ad hoc outbreak response tool into



WHO Regional Director for Africa, Professor Mohamed Janabi, meets South Africa's Minister of Health, Dr Aaron Motsoaledi, during his visit to South Africa

Partnerships and Resource Mobilisation

A More Cohesive and Aligned Partner Ecosystem

In 2025, the health sector benefited considerably from improved partner coordination, led by WHO as co-chair of the Health Partners Forum, which included nearly 40 development partners. This initiative harmonised planning, aligned investments, and minimised duplication, thereby strengthening support for government priorities and multisector collaboration. WHO also supported the National Steering Committee for the Pandemic Fund, fostering cooperation among five delivery partners. Close collaboration with UN agencies, academia, civil society, and provincial health departments enhanced alignment across the health system, promoting a unified approach to UHC, health security, and disease control.



Co-chaired by WHO South Africa and the British High Commission, the Health Partners Forum promotes dialogue and coordinated action across the health sector

Strengthened partnerships and effective coordination were key to the WHO's ability to support South Africa's health priorities. The year saw deeper multisectoral collaboration, better alignment with national and provincial authorities, and stronger engagement with development partners, civil society, academia, and UN agencies. WHO's convening role helped harmonise technical assistance, reduce duplication of efforts, and ensure that investments across the health sector aligned with national priorities and global commitments. These partnerships built a more cohesive platform for achieving Universal Health Coverage (UHC), improving emergency preparedness, and strengthening key disease programmes nationwide.

A key achievement in 2025 was the WHO's co-chairing of the Health Partners Forum, which brought together nearly 40 development partners supporting the health sector. Through this mechanism,

WHO facilitated joint planning, resource alignment, and information-sharing, enabling partners to coordinate their contributions and avoid duplicating efforts. The Forum played a strategic role in ensuring external investments aligned with the National Health Strategic Plan, the NHI reform agenda, and provincial priorities.

Working closely with the National Department of Health, WHO provided technical assistance across HIV, TB, and emergency preparedness. This partnership adapted global standards to the South African context and ensured provincial teams received consistent guidance. Key provincial collaborations in KwaZulu-Natal and the Eastern Cape focused on capacity-building, outbreak investigations, and performance reviews, fostering local ownership and effective alignment with national policies.

WHO also expanded collaboration with academic and research institutions,

supporting implementation research, guideline updates, and the operationalisation of new technologies—including AI-enabled diagnostics and digital surveillance systems. Academic partners played a pivotal role in strengthening evidence generation, refining training materials, and reviewing national guidance on topics such as HIV testing, neonatal care, NCD management, and regulatory frameworks for new health products.

Engagement with UN agencies and multilateral partners remained a fundamental part of WHO's coordination efforts. As part of the UN Sustainable Development Cooperation Framework, WHO worked with sister agencies on joint projects in adolescent health, maternal and child health, climate resilience, road safety, and health systems strengthening.

Through the Pandemic Fund, WHO supported the establishment of the National Steering Committee, which coordinated with five delivery partners and ensured transparent disbursement of resources for national and regional health security priorities.

Civil society organisations also remained essential in enhancing community participation, supporting prevention initiatives, and boosting demand creation. WHO partnered with civil society through initiatives such as the Close the Gap HIV campaign, community-based mental health pilot projects, and social mobilisation efforts linked to vaccination and NCD prevention.

WHO enhanced resource mobilisation in 2025 through proposal development, donor engagement, and strong financial stewardship, helping to sustain priority programmes amid fiscal constraints. The

office submitted 11 funding proposals worth **USD 26.6 million**. It pursued additional bilateral engagements with embassies, foundations, and private-sector partners to expand the donor base and position priority areas for future support.

Confirmed funding mobilisation in 2025 exceeded **USD 1.7 million** through direct country-level efforts and leveraged WHO funding channels. This included **USD 1 million** from the Government of South Africa as an upfront contribution to the WHO Investment Round, **USD 250,000** from Unitaids for TB, HIV and EVT enabler grants, **USD 100,000** through WHO HQ for urban preparedness and wastewater surveillance, **USD 278,541** through WHO AFRO and WHO HQ-managed awards supporting UHC, TB vaccine work, UNAIDS country support and catalytic activities, **USD 59,222** for a pilot community-based mental health transition tool, and **USD 70,000** for the implementation of IGAP for Epilepsy and Neurological Disorders.





WHO South Africa staff participate in hands-on learning to strengthen systems, streamline processes and improve operational effectiveness

Operational Excellence

Driving Efficiency, Accountability and Sustainable Investment

Operational performance was a major strength for WHO in 2025. Strong internal processes delivered 96% donor reporting compliance, 90% on-time results reporting, 100% award closeouts, and 94% security compliance. Improved procurement, contracting, and risk management systems boosted efficiency and enabled rapid deployment of outbreak supplies. These operational achievements increased donor confidence, protected programme continuity, and ensured resources were deployed quickly and transparently where they were most needed.

WHO South Africa strengthened the operational foundations needed to deliver high-quality technical assistance, manage resources responsibly, and maintain organisational readiness in a rapidly changing health environment. Operational

excellence remained a key feature of the country office's performance, supported by improved planning, streamlined procedures, timely reporting, and strong compliance systems. These enhancements ensured that WHO's technical and financial

support was delivered efficiently and transparently, aligned with national priorities.

WHO enhanced operational planning and alignment by completing GPW14-aligned operational planning for 2026–27, ensuring strong integration of programme and operational priorities across the country office. This process reinforced results-based management principles, improved internal coordination, and strengthened forecasting for technical, financial, and human resource needs. Enhancing these systems increased accountability to the government and partners and provided a more predictable platform for programme implementation across all health priority areas.

Operational systems experienced notable improvements in procurement efficiency, contract management, and compliance. WHO enhanced procurement planning, reduced administrative bottlenecks, and ensured contractual arrangements were processed more swiftly, enabling faster delivery of technical support and critical commodities—particularly during emergency responses.

Enhanced compliance mechanisms guaranteed adherence to WHO and national standards, decreasing fiduciary risk and increasing partner confidence in WHO's stewardship of resources. Reporting performance in 2025 was exemplary. The office achieved 96% donor reporting compliance, 90% on-time results reporting, and 100% award closeouts, demonstrating strong internal controls, meticulous tracking systems, and a culture of accountability throughout the team.

**The Office achieved
96% donor
reporting
compliance, 90%
on-time results
reporting and 100%
award closeouts**

Operational excellence also encompassed staff safety and duty-of-care responsibilities. The office achieved a 94% compliance rate with UN security management systems, demonstrating strong adherence. Staff received prompt security briefings, safety equipment, and guidance aligned with assessed risk levels nationwide.

In 2025, the WHO enhanced organisational risk management processes to anticipate better, prevent, and mitigate operational risks. Through improved financial oversight, strengthened procurement controls, better supplier vetting, and regular internal reviews, the office notably reduced exposure to operational vulnerabilities. These enhancements also facilitated quicker decision-making, enabling teams to respond swiftly to emerging challenges—such as urgent procurement needs during outbreaks or rapidly changing provincial priorities.

WHO's communication and visibility activities expanded significantly in 2025, supporting transparency, partner engagement, and public awareness. The organisation produced quarterly newsletters, more than 175 digital posts, and over 15 articles, as well as major communication products highlighting WHO's role in advancing national health priorities. These outputs increased WHO's technical visibility and helped build greater public trust in national health programmes, especially during outbreaks and vaccination campaigns. Enhanced visibility also supported advocacy for resource mobilisation and encouraged stronger alignment among partners.

Challenges and Mitigation Measures



Key Challenge	Nature of the Challenge	Mitigation Measures
1. Funding Unpredictability and Fiscal Constraints	Constrained and unpredictable fiscal environment affecting staffing, procurement, provincial budgets, and the scaling of NHI, surveillance and integrated chronic care services.	Strengthened strategic resource mobilisation to protect high-impact priority programmes. Reinforced fiduciary accountability and performance management to sustain donor confidence and catalytic financing.
2. Capacity Constraints at Provincial and District Levels	Human resource shortages, especially in rural/high-burden provinces, limit service quality, outbreak response and data management capacity.	Invested in scalable capacity development initiatives to strengthen frontline service delivery, emergency response and programme management.
3. Delays in National Processes and Policy Implementation	Regulatory reviews, cross-sector consultations and budget approvals delayed the rollout of updated guidelines, diagnostics and preparedness functions.	Enhanced upstream policy engagement and technical accompaniment to accelerate guideline finalisation and regulatory processes.

Key Challenge	Nature of the Challenge	Mitigation Measures
4. High Outbreak Frequency and Climate-Linked Health Threats	Simultaneous outbreaks (Mpox, diphtheria, measles, cholera, foodborne illness) and climate hazards (flooding, heat events) strained provincial systems.	Reinforced all-hazards preparedness through institutionalised incident management systems and risk assessments in high-risk provinces. Strengthened early warning and rapid response capacity through event-based surveillance and improved outbreak protocols.
5. Data Quality and System Fragmentation	Variability in data quality limited timely analysis, service gap detection and performance monitoring across HIV, TB, MCH and NCD programmes.	Strengthened national data governance and quality assurance mechanisms to improve reliability and comparability across programmes.
6. Multisector Coordination Gaps	Fragmented planning and unclear mandates slowed progress in road safety, climate adaptation, food safety, NTD control and adolescent wellbeing.	Reinforced multisector governance platforms to embed health within broader development, climate and safety agendas.



Lessons from implementation help shape more effective and sustainable approaches to public health

Lessons Learnt

The main lesson from WHO's 2025 work in South Africa is that health system resilience relies on integration across policy and practice, data and decision-making, emergency response and routine services, and the health sector and multisector partners. The experience highlights that achieving Universal Health Coverage and health security is not driven by isolated technical interventions but through coordinated system strengthening rooted in governance, data, workforce capacity, and community trust.

Specific lessons are:

1. Structural reform requires simultaneous investment in implementation capacity, communication, and district-level ownership. The progress of National Health Insurance (NHI) reforms showed that developing frameworks and strategies—such as the District Health System Framework—is essential but insufficient on its own. Mobilising 10,000 NHI change champions and strengthening district-level accountability demonstrated that reform succeeds when governance tools are paired with community engagement, workforce preparation, and operational clarity.
2. Institutionalising real-time monitoring systems accelerates corrective action and enhances service outcomes. Data must transition from reporting to active management. The HIV Contingency Planning Dashboard significantly improved retention monitoring, increasing the completion of contingency plans from 41% to 78%. Similarly, enhanced TB performance reviews and harmonised DHIS indicators boosted accountability.

3. Disease programmes perform better when integrated into primary health care rather than operated in silos. Progress in HIV (over **1.17 million** ART initiations) and the continued **61%** reduction in TB incidence since 2015 demonstrate the effectiveness of integrating HIV, TB, and community-based interventions.
4. Preparedness systems must be institutionalised before crises. Governance frameworks, simulation exercises, and supply chain readiness minimise response delays and morbidity. Weekly coordination by the Incident Management Team during Mpox and the swift deployment of diphtheria antitoxin and tecovirimat underscored the importance of established emergency platforms. Costing for 17 of 19 National Action Plan for Health Security (NAPHS) technical areas enhanced investment planning.
5. Climate resilience must be integrated into surveillance, emergency planning, and service delivery, rather than treated as a standalone agenda. The development of the Health Sector Climate Change and Health Adaptation Plan and the expansion of wastewater-based epidemiology demonstrate how climate risks are reshaping health programming.
6. Multisector collaboration works best when supported by formal governance mechanisms, clear mandates, and shared accountability frameworks. Improved coordination through the Health Partners Forum and the Pandemic Fund Steering Committee reduced duplication and enhanced alignment with national priorities.
7. Scalable workforce development is one of the most cost-effective strategies for maintaining reforms and enhancing the quality of care. Training over **4,000** health workers across HIV, NCDs, mental health, and emergency response has strengthened service continuity, especially in high-burden provinces.
8. Framing health interventions as economic investments enhances advocacy and promotes sustainable financing choices. The Adolescent Investment Case, which projected significant long-term economic returns, demonstrated the influence of economic modelling on policy prioritisation.
9. Robust internal systems and accountability mechanisms are essential for maintaining ongoing external funding and strategic partnerships. High compliance rates (**96%** donor reporting, **100%** award closeouts) and effective financial stewardship facilitated the mobilisation of over **USD 1 million** in new resources.
10. Technical solutions only make an impact when communities are genuinely engaged and well-informed. From the Close the Gap HIV campaign to RCCE integration in immunisation programmes, community involvement has enhanced re-linkage to care and vaccination coverage.

Looking Ahead to 2026



As South Africa progresses with its health sector transformation, 2026 will be vital for building on 2025's achievements and advancing Universal Health Coverage (UHC), health security, and health outcomes. WHO will focus on strengthening implementation, increasing provincial access, and deepening multisector integration through policy reforms, digital innovation, and workforce investment, guided by national strategies and lessons learned over the past year.

WHO will strengthen support for **Primary Health Care (PHC)** reforms as the NHI agenda progresses, emphasising district governance, service quality, and integrated, people-centred care models. Efforts will include workforce planning, community engagement to build trust in the reforms, and technical assistance to incorporate new clinical guidelines on HIV, maternal and neonatal care, malnutrition, and NCDs into routine practice nationwide.

Enhancing Climate-Health Collaboration and Environmental Monitoring: Increasing climate variability and extreme weather events demand resilient health systems. Next year, WHO will strengthen the Health Sector Climate Change and Health Adaptation Plan by improving early-warning systems, disease surveillance, and provincial planning for climate-related hazards. WHO will also prioritise environmental monitoring to detect outbreaks associated with food safety, water quality, and climate-induced diseases.

In 2025, South Africa advanced digital health by piloting **electronic event-based surveillance (EBS)** and improving HIV dashboards. In 2026, WHO will support the national rollout of EBS, enhance digital integration across health platforms, and modernise data governance. These initiatives will strengthen real-time surveillance, improve decision-making, and enhance interoperability across systems for routine services and emergency response.

WHO is concentrating on reducing the burden of **non-communicable diseases (NCDs)** through better prevention strategies and policy changes. Main priorities include implementing an anti-obesity medicines framework, advancing diabetes initiatives, improving NCD screening at primary health care (PHC) levels, and integrating mental health services. WHO will also back the Intersectoral Global Action Plan for Epilepsy and Neurological Disorders, building on momentum from regional forums and pilot projects funded in 2025.

Strengthening Health Emergency Preparedness: In response to recent outbreaks, WHO will enhance support for emergency preparedness by strengthening provincial Public Health Emergency Operations Centres (PHEOCs), expanding multi-hazard simulation exercises, and reinforcing IHR implementation. WHO will assist South Africa in operationalising Pandemic Fund investments through the National Steering Committee, ensuring coordinated investment in surveillance, workforce development, supply chain readiness, and cross-border risk management.

Conclusion

The year ahead offers both opportunity and urgency. Progress in 2025 establishes a strong foundation for advancing UHC reforms, enhancing preparedness, and speeding up improvements in health outcomes. With sustained commitment from government, partners, and communities—and ongoing technical leadership from WHO—South Africa is well placed to deepen reform efforts, bolster resilience against emerging threats, and move towards a more equitable, people-centred health system.



Advancing SRMNCAH Priorities and Cervical Cancer Elimination: Building on the successful rollout of the single-dose HPV vaccine and the national Training of Trainers for HPV DNA testing, WHO will support the scale-up of cervical cancer screening and align screening, vaccination, and treatment pathways. Ongoing work on the Maternal, Neonatal and Stillbirth Transition Framework, updates to SRH and child health guidelines, and strengthened adolescent health measurement systems will support progress towards SDG reproductive, maternal, and child health targets. WHO will also continue supporting the implementation of the Adolescent Investment Case and the UN Decade of Healthy Ageing processes.

Expanding Community Engagement and Action on Social Determinants of Health: WHO will strengthen its work on social and environmental factors affecting health by supporting improved risk communication and community engagement (RCCE)—now part of routine child health services—and by enhancing multisectoral partnerships in road safety, food safety, water and sanitation, and NTD prevention. Key priorities include advancing control strategies for schistosomiasis, strengthening cross-sector climate adaptation planning, and aiding national leadership in road safety financing and implementation.

Sustaining Partnerships and Resource Mobilisation: Amid ongoing fiscal constraints, WHO will collaborate with governments and partners to secure resources for health security, digital health, NCD prevention, and neglected areas such as mental health and environmental surveillance. With a strong operational track record—96% donor reporting compliance and 100% award closeouts—WHO will sustain robust financial governance and risk management. Platforms such as the Health Partners Forum will be utilised to promote coordinated investment and minimise duplication across the sector.

Acknowledgements

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