



**Western Cape
Government**
FOR YOU

Department of
Health & Wellness

WCDHW 5-yr Strategy

SU FMHS Engagement

Dr K Cloete
19th November 2025

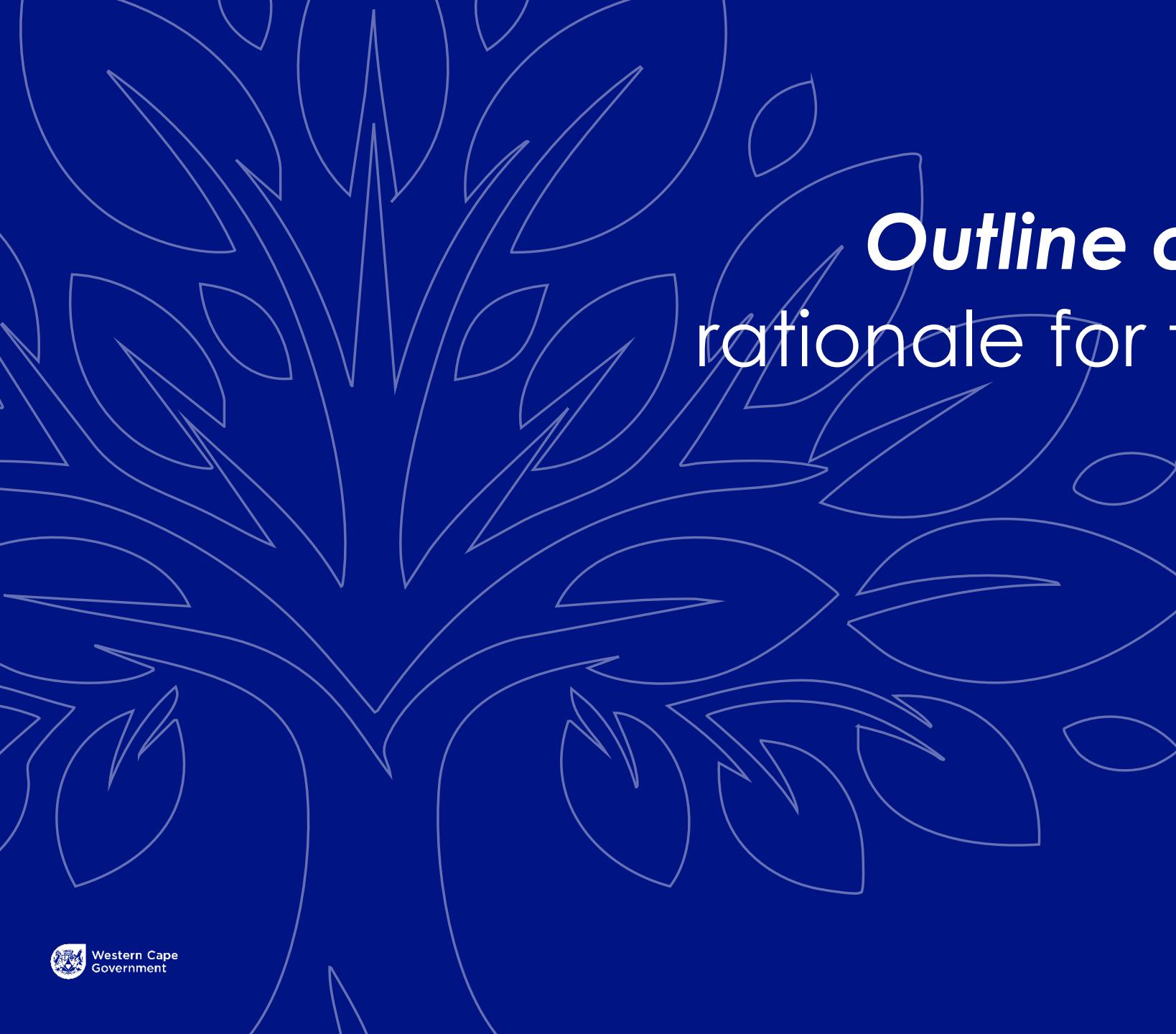
The presentation at a glance

Outline of the Strategy - rationale for the approach

Framework for Action 2025 MTEF – key action areas for the next 3 years

Specific interventions – potential touchpoints/ opportunities

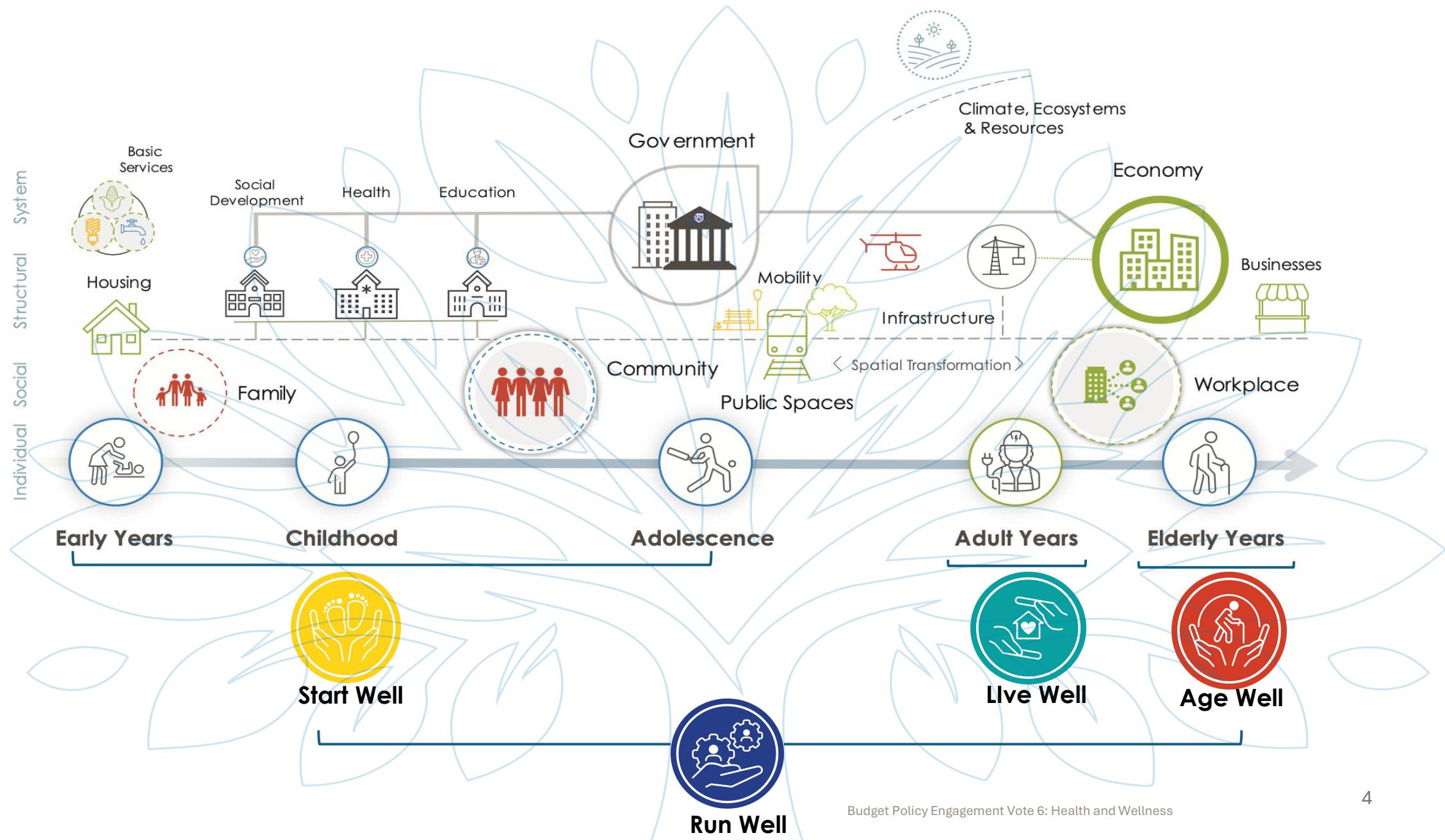
Next steps – implementation approach



Outline of the Strategy

rationale for the approach

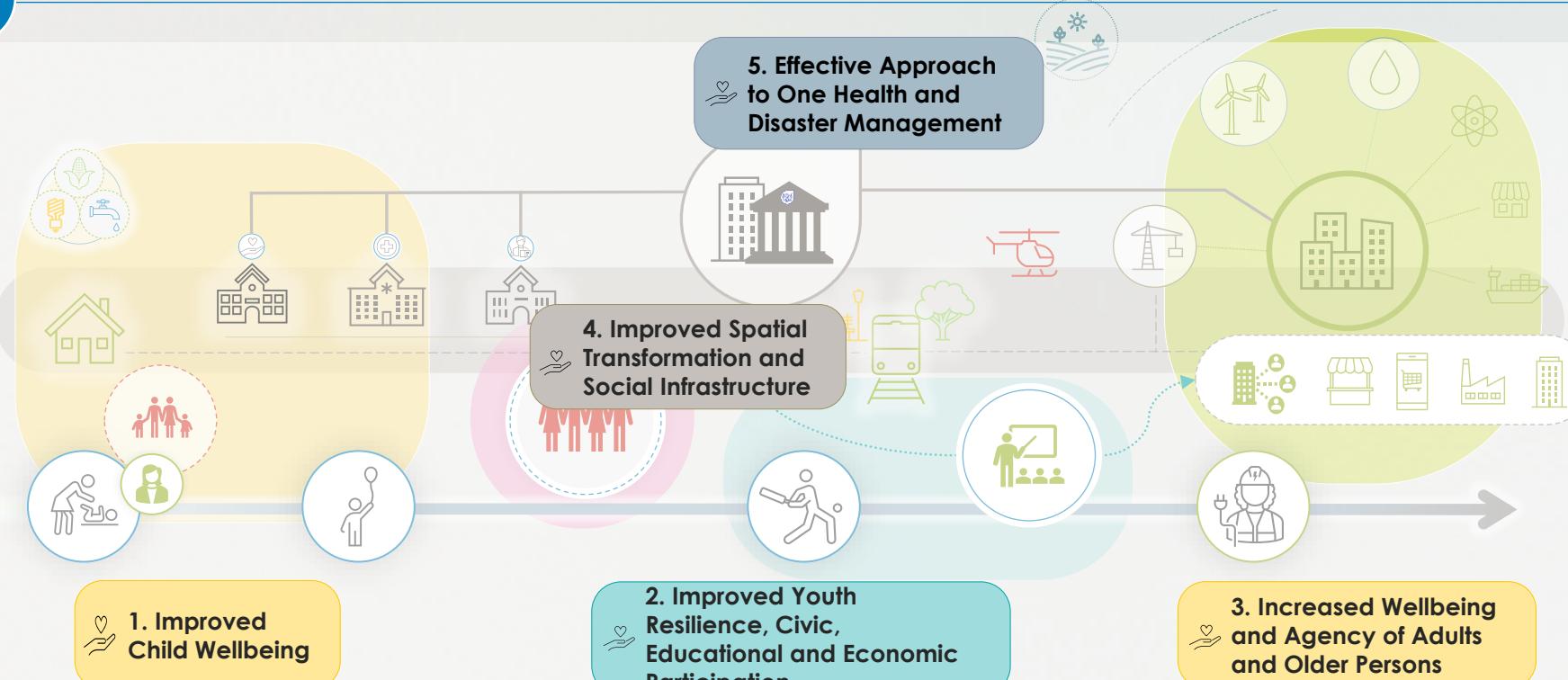
WCG PSP strategic context: Life-course and Whole of Society Approach





Educated, Healthy,
& Caring Society

Every person has access to the opportunity to live a healthy, meaningful, and dignified life in an inclusive society.



Strategy in a nutshell...

PROVINCIAL HEALTH SYSTEM REFORM

Service Delivery Reform

Re-designing service delivery to ensure the right care is provided, at the right time, in the right place, for the right price



Governance Reform

Re-designing the governance system to nurture ethical decision making that is rooted in shared purpose and values.

UHC Reform

Transforming the provincial health system to ensure equity and social justice.

Public Policy Reform

Mobilizing support for policy choices that ensure inclusive human development.

ORGANISATIONAL REFORM



WAYS OF **BELONGING**

ALIGNING CAPABILITIES



WAYS OF **BECOMING**

LEARNING CAPABILITIES



WAYS OF **BEING**

CONNECTING CAPABILITIES



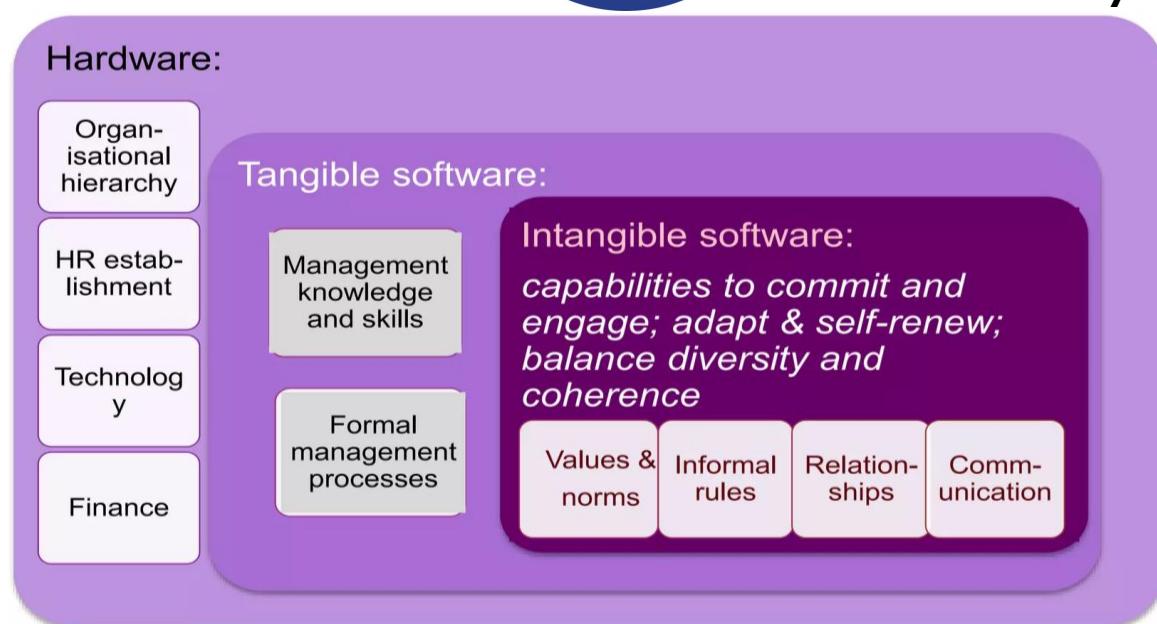
WAYS OF **DOING**

ACTIONING CAPABILITIES

'System-wide and System-deep' approach

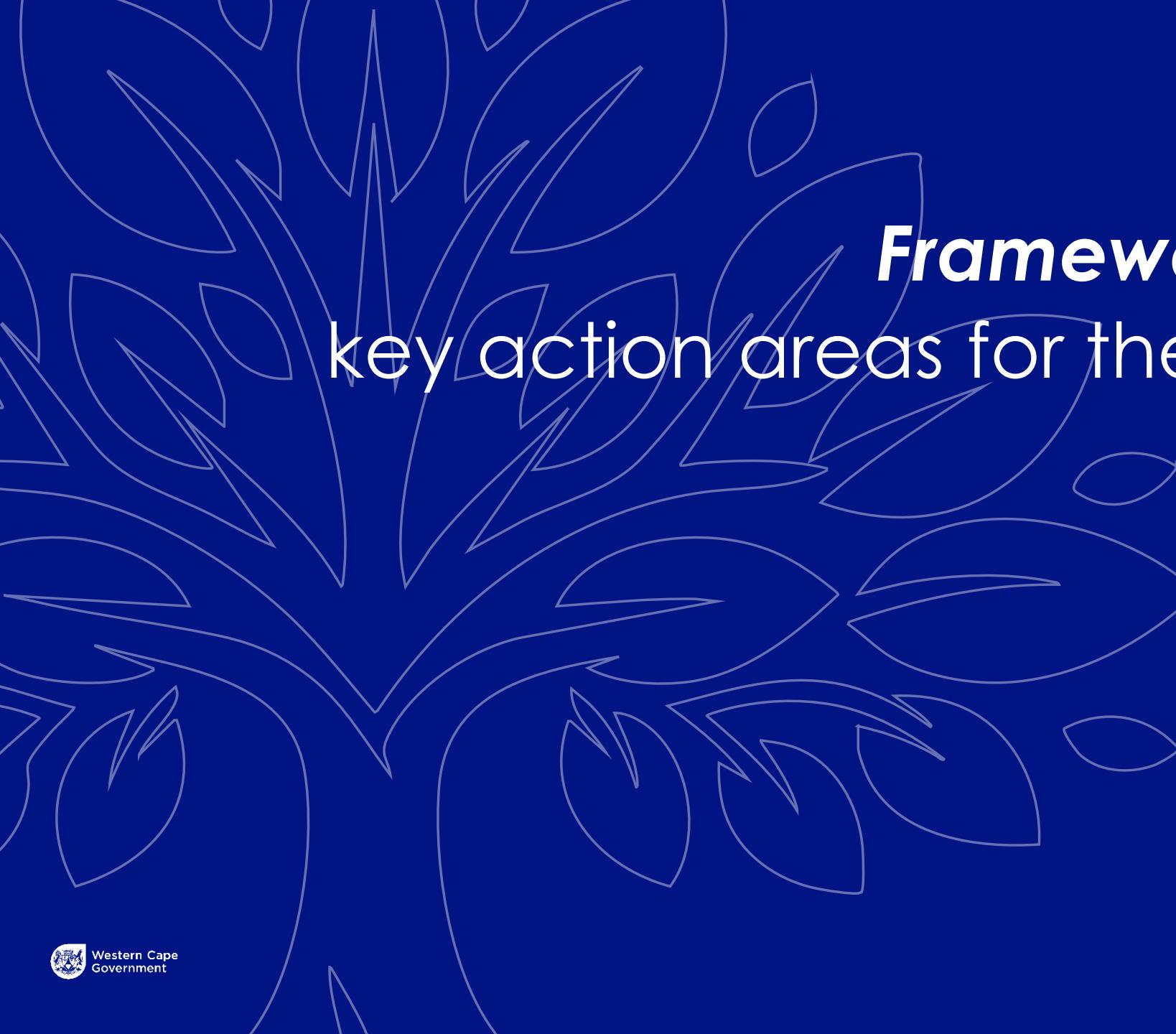


The dynamic architecture and interconnectedness of the health system building blocks. Source: de Savigny and Adam (2009)



Adapted Aragon framework. Source: CHEPSAA (2015)

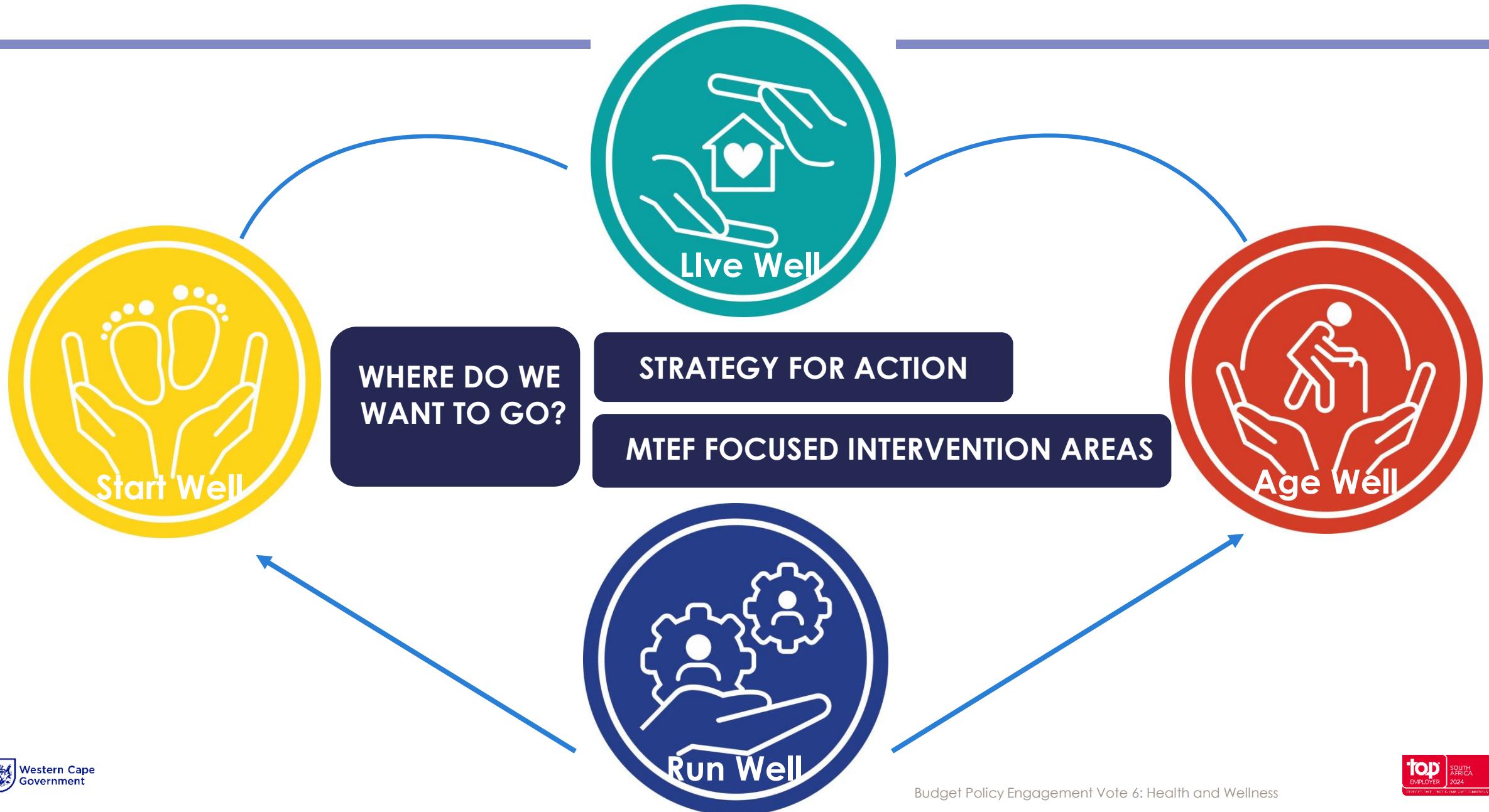
- **System wide:** emphasising **interdependencies** and **interconnections** across silos (hardware)
- **System deep:** paying particular attention to system software such as **values, norms, relationships** and **power**



Framework for Action

key action areas for the next 3 years

Framework for Action for 2025 MTEF – cultivating a care system that really cares





WHERE DO WE WANT TO GO?

Children and young people have the health resilience to thrive

STRATEGY FOR ACTION

A care system capable of nurturing healthy child and adolescent development

MTEF FOCUSED INTERVENTION AREAS



Stunting prevention



Childhood immunisation



Health & wellbeing of adolescents



Caregiver support



WHERE DO WE WANT TO GO?

Adults/ people of working age are resilient & have the agency to maintain & restore their health & wellbeing

STRATEGY FOR ACTION

A care system capable of supporting adults/ people of working age to act in the best interest of their own wellbeing

MTEF FOCUSED INTERVENTION AREAS



**High burden
HIV/TB care
Ecosystems**



**Place-based
supported
self-care**



**Psychosocial
wellbeing of
adults/ working-
age people**



WHERE DO WE WANT TO GO?

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

STRATEGY FOR ACTION

A care system capable of supporting older people to function with fulfillment and a feeling of wellbeing

MTEF FOCUSED INTERVENTION AREAS



**Functional
re-enablement
(as part of
holistic care)**



**Promotion
of social
inclusion**



**Health system
capability
for prevention**



**Support for the
end of life**



WHERE DO WE WANT TO GO?

A high-performance provincial health system **FOR YOU**

STRATEGY FOR ACTION

A network centric care system capable of sustainable seamless care pathways

MTEF FOCUSED INTERVENTION AREAS



**Continuity of care
(people-centred care)**



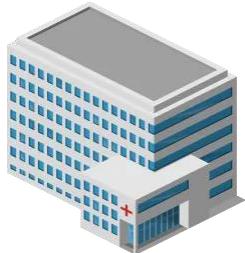
Redefining key stakeholder relationships



Leadership development for succession

Health Ecosystems Approach – 5 ecosystems

Rural West Health Ecosystem



Tygerberg Hospital

Rural Central Health Ecosystem



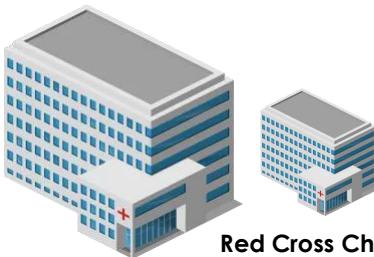
Tygerberg Hospital

Metro East Health Ecosystem



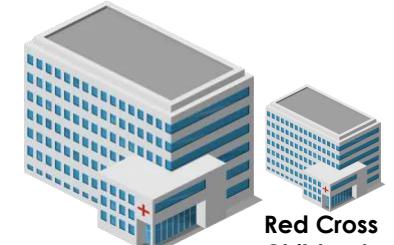
Tygerberg Hospital

Metro West Health Ecosystem



Groote Schuur Hospital
Red Cross Children's Hospital

Rural East Health Ecosystem



Groote Schuur Hospital
Red Cross Children's Hospital

Paarl Hospital



Worcester Hospital



Matsikama SD
Cederberg SD
Bergrivier SD
Saldanha SD
Stellenbosch SD
Drakenstein SD

Witzenberg SD
Breede Valley SD
Langeberg SD
Theewaterskloof SD
Overstrand SD
Cape Agulhas SD
Swellendam SD

Northern SD
Tygerberg SD
Khayelitsha SD
Eastern SD

Southern SD
Western SD
Mitchell's Plain SD
Klipfontein SD
Saldanha SD

Beaufort West SD
Prince Albert SD
Laingsburg SD
Kannaland SD
Hessequa SD
Oudtshoorn SD
Mossel Bay SD
George SD
Knysna SD
Bitou SD

Stakeholder Engagement



CALM Agenda



**Co-creating
UHC strategy with the
Private Sector**

**Co-creating
Wellbeing strategy
With Civil Society**

**Co-creating
Service & Teaching/Training
Ecosystem with HEIs**

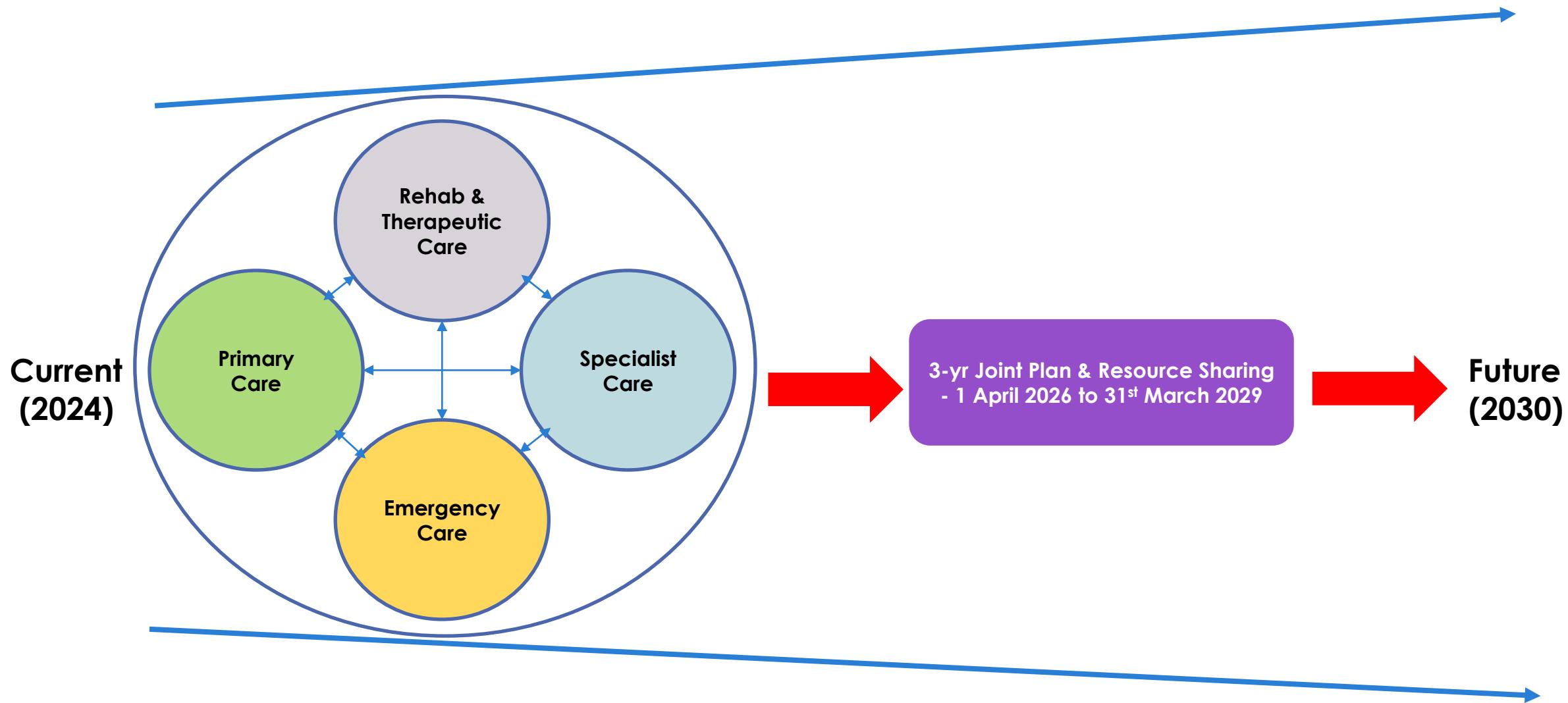




Specific interventions

potential touchpoints/ opportunities

HEI Collaboration: Service/ Teaching/ Research - Ecosystem Complexes



Khulisa Care – “the what” and the “how”

Target Group

- **Underweight pregnant women** (MUAC <23 cm) or low Symphysis-fundal height (SFH)
- **Mothers of LBW babies** (<2 500 grams)



Coupon

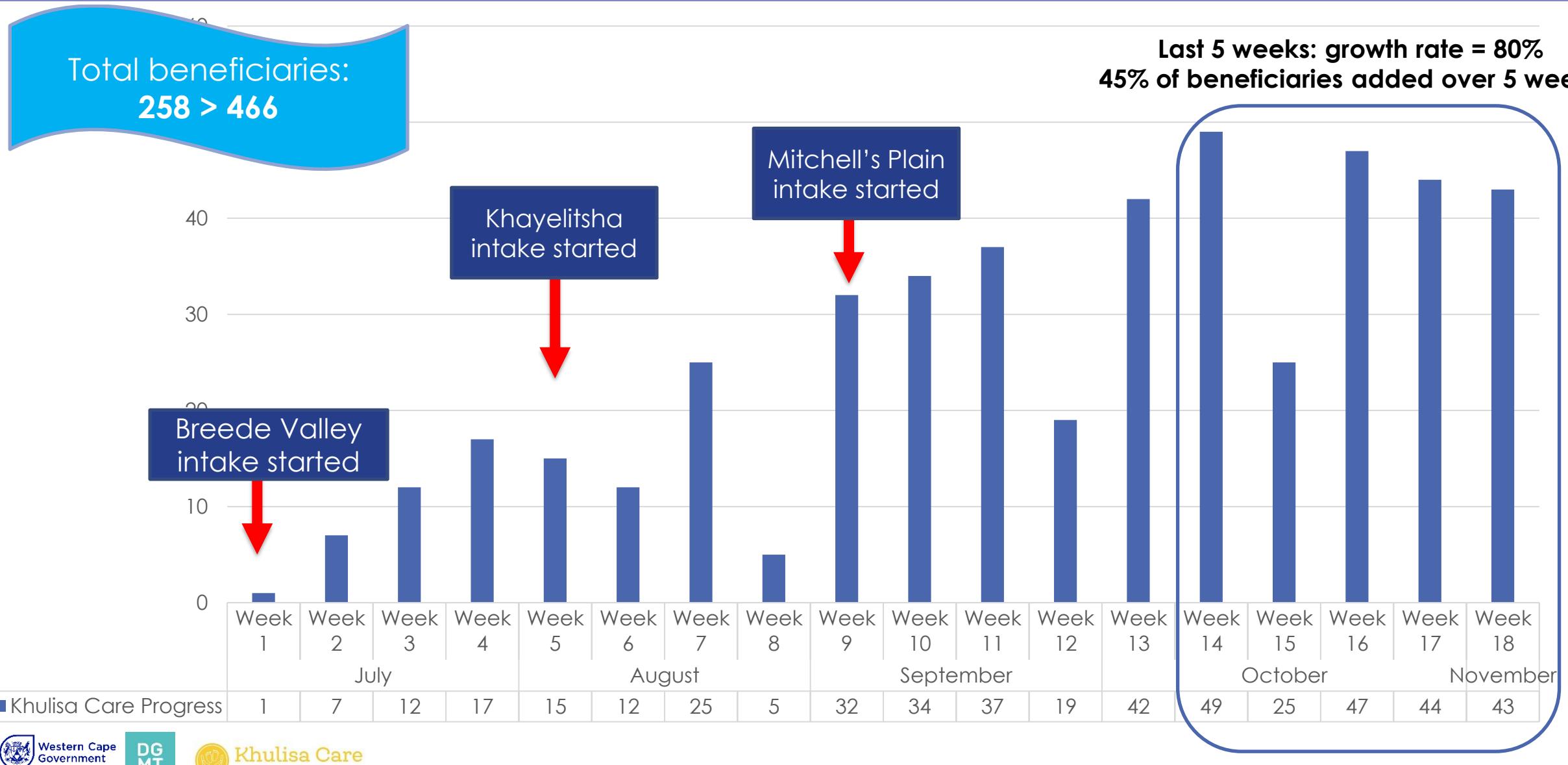
- **R525 loaded** on **Xtra Savings Card** to use at **Shoprite stores** in the Western Cape for a **limited list of foods** –protein-rich, shelf stable items
- **Duration: from enrolment** (in pregnancy or LBW baby) **to infant age 6 months.**



Care+

- **Higher dose:** Community Health Workers (CHW) to **visit pregnant clients and LBW babies every 2 weeks**. Standard scope of work for CHWs, but with an **emphasis on 5 key areas**:
 1. **Reducing risky behaviour** (smoking, drinking alcohol, using other substances)
 2. **Maternal nutrition** (how to use the coupon foods, healthy eating, Fe and Folic acid supplementation)
 3. **Maternal mental health**
 4. **Infant nutrition and health** (breastfeeding and BMS, complementary feeding, immunisation, deworming and vitamin A supplementation)
 5. **Health seeking behaviour** (looking out for danger signs, gastro/pneumonia, nutritional risks)

Khulisa Care Beneficiary Enrolment



Planet Youth Survey - 2025 Participation per Geographic Area



- 5 schools
- 2 729/2 990 learners surveyed

Atlantis

- 4 municipalities
- 23 schools
- 9 578/10 692 learners surveyed

- 3 municipalities
- 31 schools
- 8720 / 9287 learners surveyed

91%

85%

91%

94%

87%

90%

88%

89%

123 schools

49 094/54 873 learners surveyed

- 15 schools
- 5 307/6 220 learners surveyed

Athlone, Langa, Hanover Park

Kraaifontein

Mitchells Plain

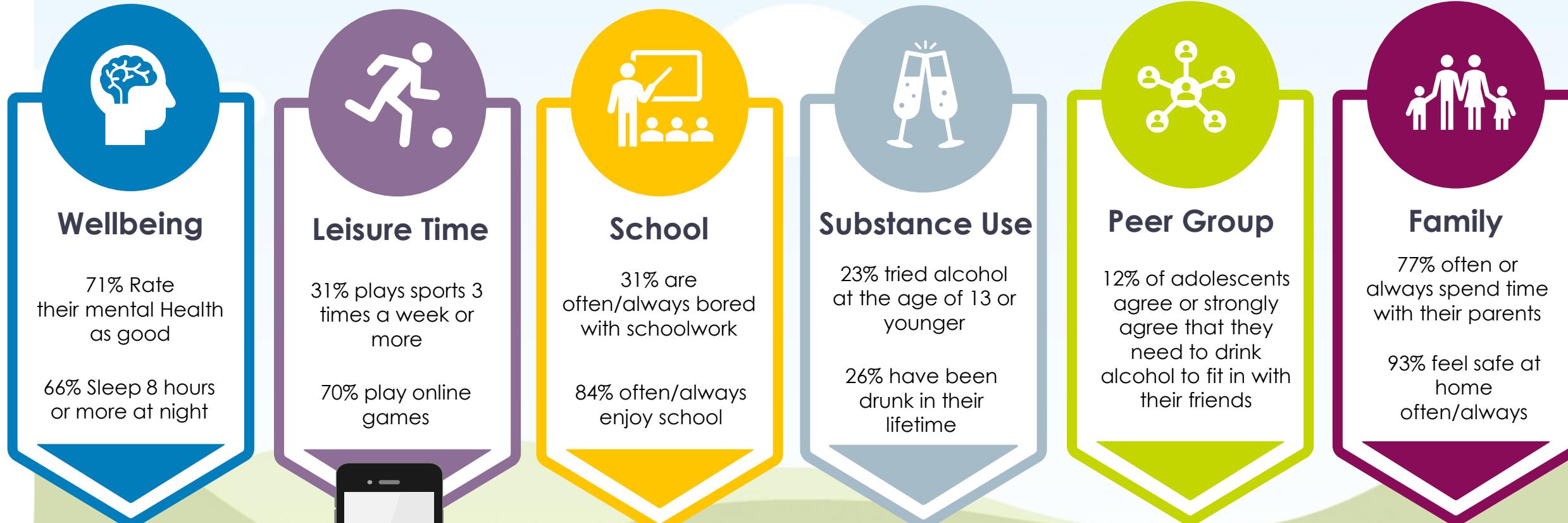
Nyanga, Gugulethu, Philippi Corridor

- 14 schools
- 6 389/7 025 learners surveyed

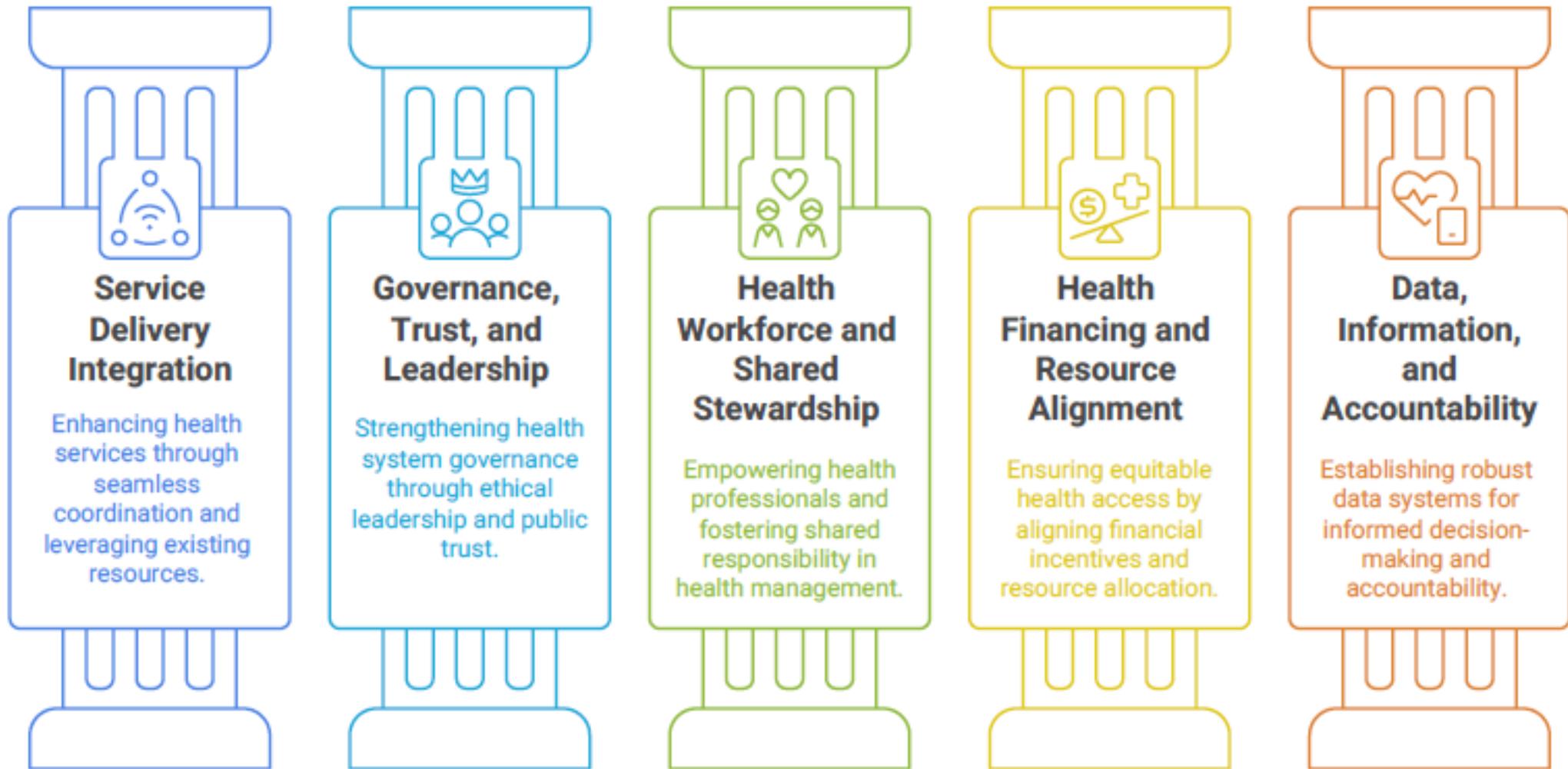
- 15 schools
- 7 112/8 173 learners surveyed

- 19 schools
- 9 152/10 372 learners surveyed

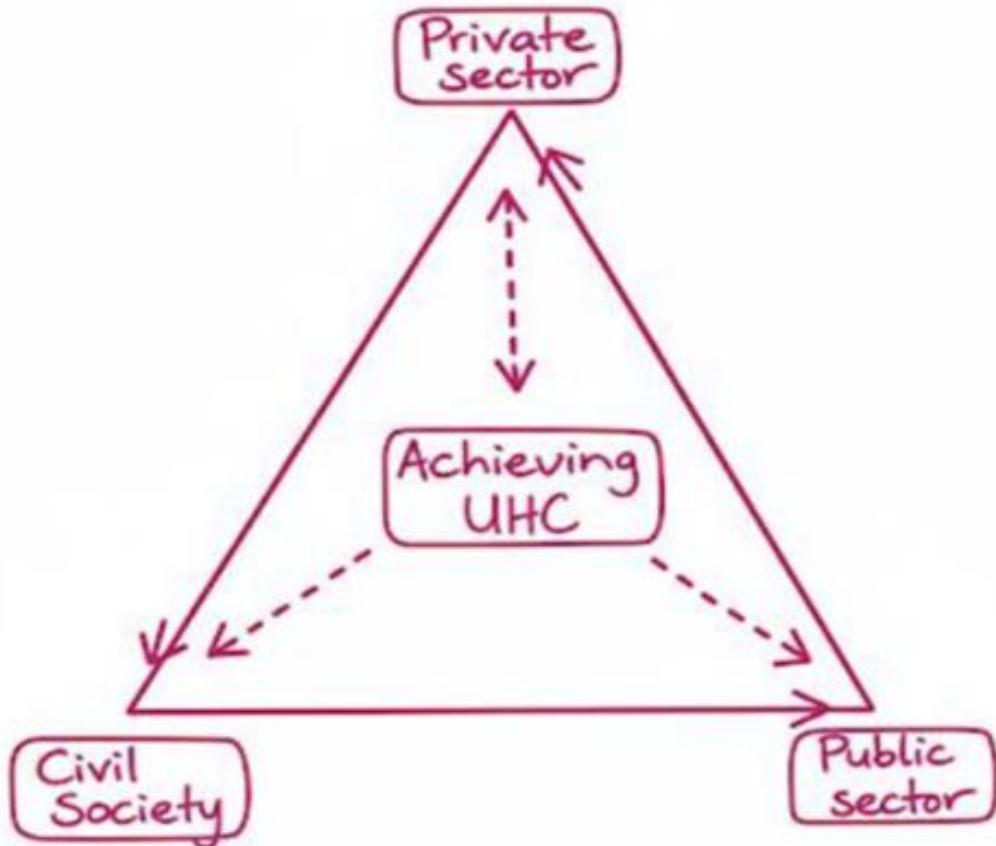
Planet Youth 2025 Survey - What the data tells us: Overview



Private Sector Think Tank - Five Emerging Themes



Private Sector Think Tank - Theme 2: Governance, Trust & Leadership



Shift from Oversight to Collective Stewardship

Inclusivity, mutual respect, and shared accountability transforms traditional governance into collective stewardship across sectors.

Health Market Inquiry Recommendations

The Think Tank explored recommendations such as value-based reimbursement and supply-side regulation & recommend implementation of the full set of recommendations.

ASSAf Governance Report

Vision, transparency, participation, accountability, and anti-corruption strengthens governance. Recommend full implementation of recommendations.

Leveraging Existing Structures

Enhancing Provincial and District Health Councils supports trust-building and stewardship without replacing structures.

Pioneering a Public Sector Health Rewards Pilot

1. Goal & Rationale:

- Shift the focus to **behavioral incentives**
- This is **supported by confirmed** local public demand and strong global evidence
- The design **rewards specific wellness activities** and not just existing conditions

2. Incentive Model & Value:

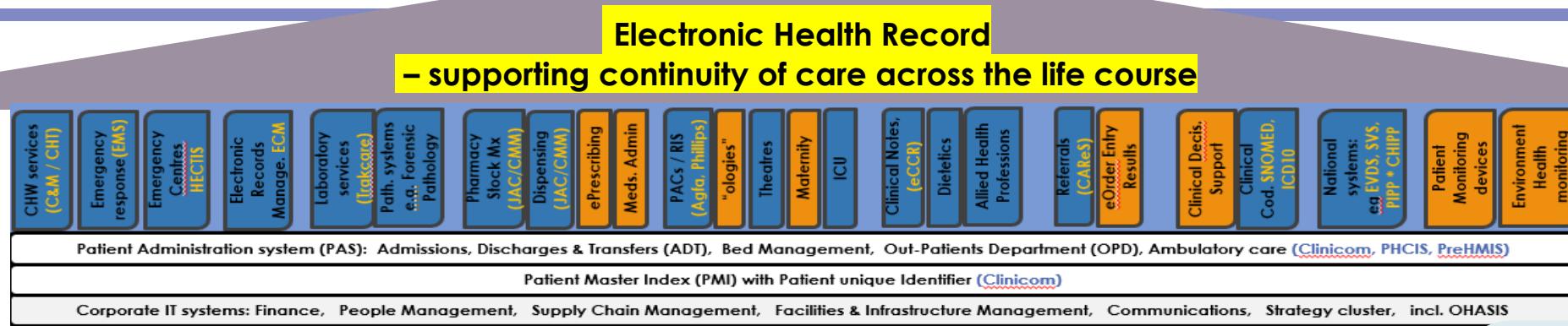
- Use virtual currency to **ensure dignity & choice** for participants with appropriate guardrails in place
- Supplement the currency with **high-value non-monetary rewards** (e.g., free gym access) leveraging existing departmental partnerships

3. Pacing & Platform (Risk Mitigation):

- We will experiment first to **build context-specific evidence and scale** sustainably (*Propose a two-year pilot*)
- This is Cost-Effective by **partnering with an existing, Zero-Rated Digital Platform** avoiding high new system costs



Continuity of Care - Continuing the Digital Transformation Journey



Agree I.H.S.
Solution
Architecture,
Common tech stack
Common
development
standards,
Build re-usable
components &
stop
duplication of
dev, S&M
Development
governance

1: Integrated Health Solution



2: Single sign-on

3: Single Access request, via dynamic forms in MyPortal

4: Dynamic Dashboard landing page

(linking to functionality based on user role)

5: Interoperability architecture

Focus on Integration and interoperability between existing modules

6: Co-create PHC and Hospital suite of functionality

Functionality based on Integrated Health Solution (I.H.S.) architecture, with PHCIS web-app development forming the basis of PHC PAS modules, and Clinicom PAS (or replacement) forming the basis of Hospital PAS modules, linking to SPV, ECM, CARes, HECTIS and all other Clinical functionality, as required for each user role

7: Clinical Notes & Integrated Care Pathways

Align on Clinical Notes functionality - noting existing functionality in eCCR and other systems

8: ECM and Records Management

Complete Corporate implementation of ECM
Agree on approach to implementation of ECM for Records Management across DoHW

9: Deliver IT Needs for Corporate services:

- People Management
- Finance
- SCM
- FIM
- Communications
- Assurance
- Strategy, Policy & Planning

10: Close gaps:

Allied Health Professionals
(existing partial functionality in Clinicom Service Group module)

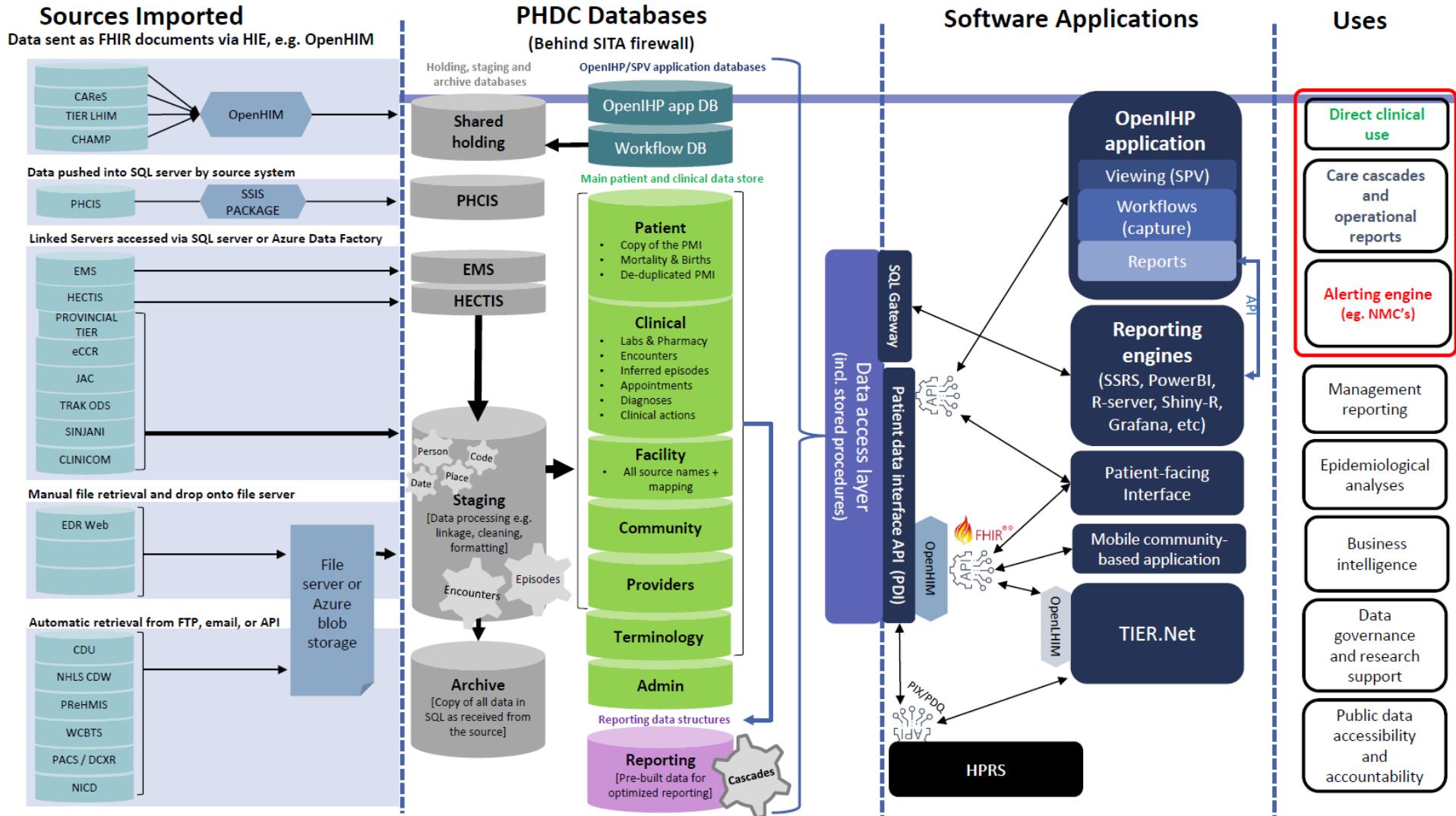
Clinical Decision support

ePrescribing and Medicines Administration
(including Adv. electronic Signatures)

Electronic Orders and Results Reporting (also known as Order Communications module)

Nursing Informatics

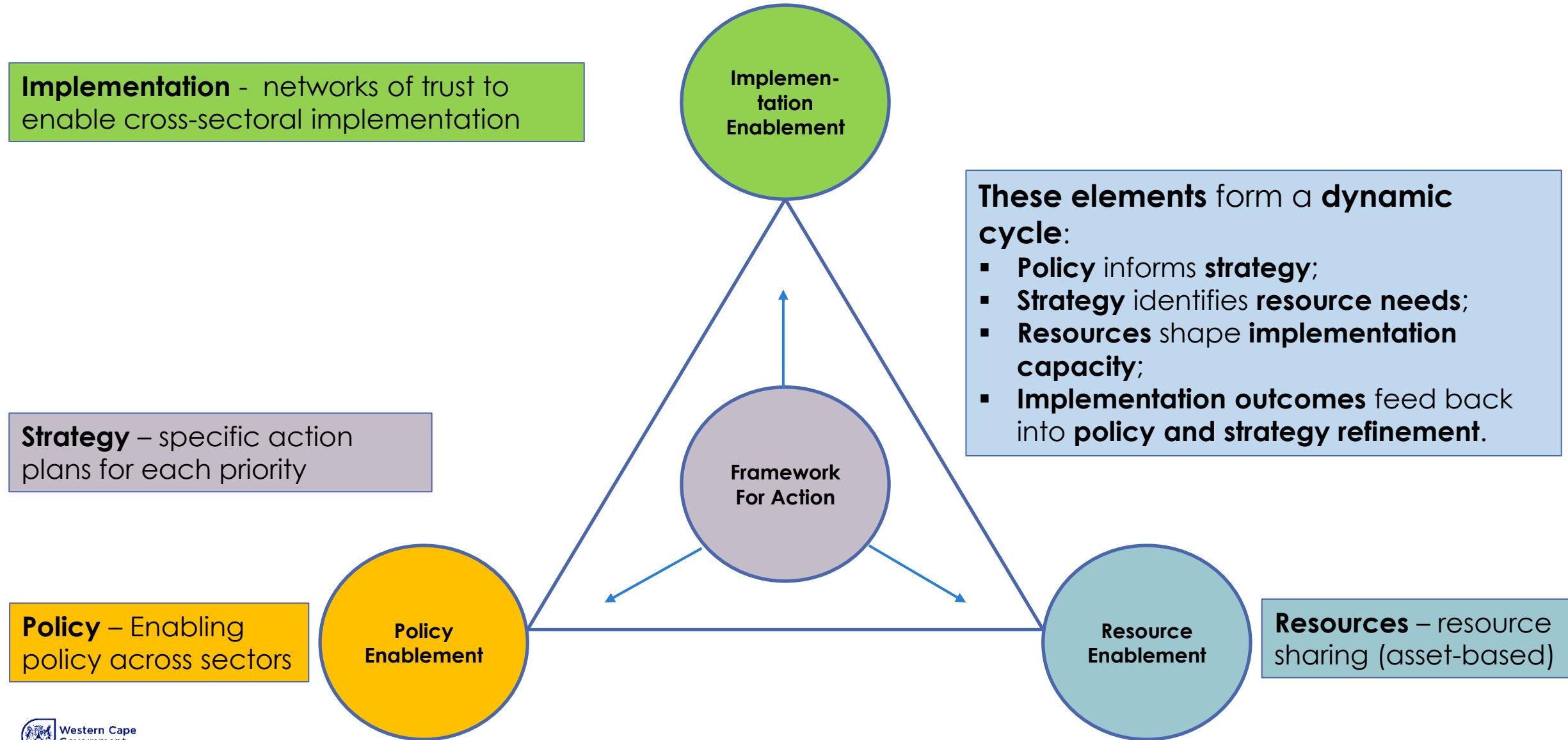
Patient Record Systems: Provincial Health Data Centre (PHDC)





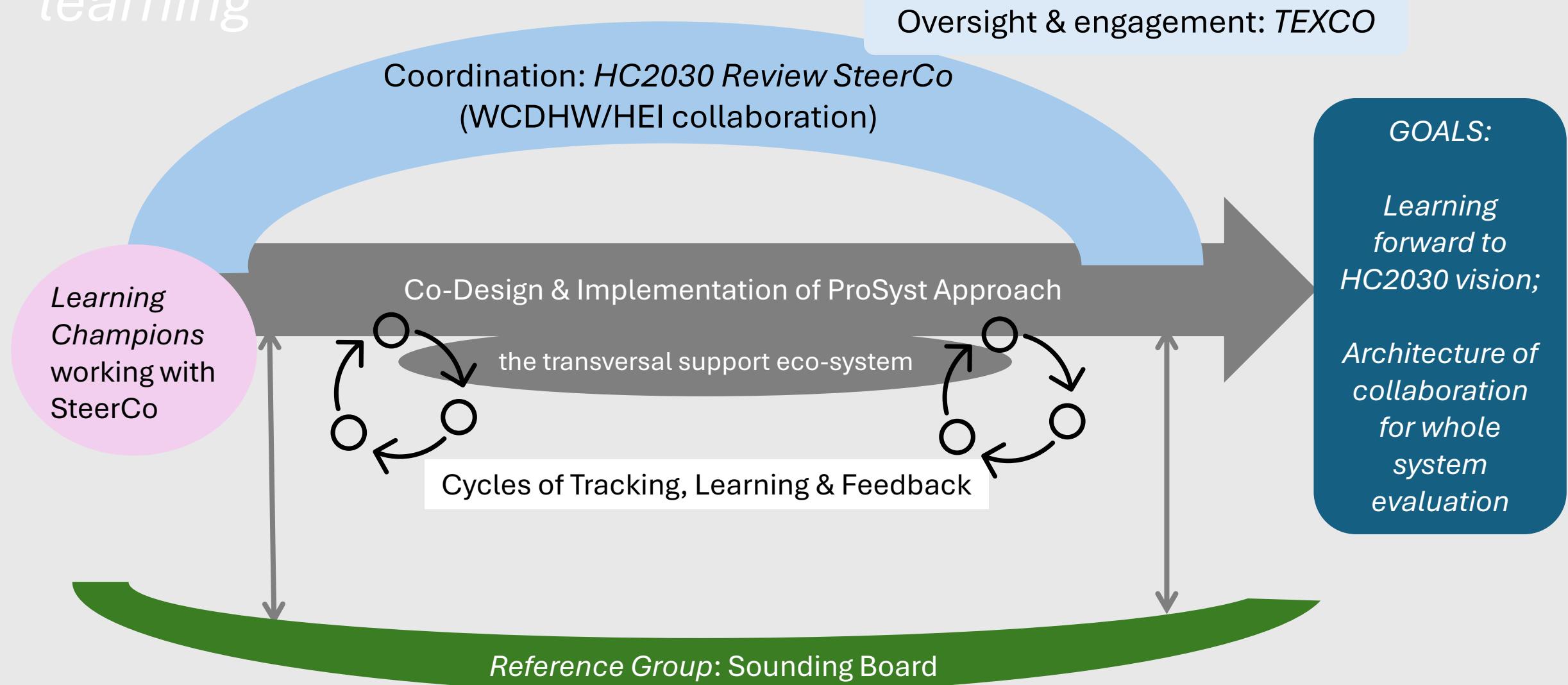
Next steps implementation approach

Enablement of the Framework for Action



ProSyst – Prospective whole system tracking &

learning





Thank you