SECTOR SKILLS PLAN UPDATE

26/27



Health and Welfare Sector
Education and Training Authority
HWSETA

FOREWORD

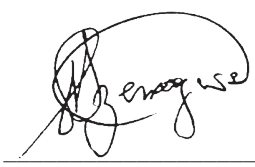
The Health and Welfare Sector Education and Training Authority (HWSETA) is pleased to present the 2026/27 Sector Skills Plan (SSP) update, together with the Continuous Improvement Plan (CIP), Research Agenda and the Top 10 OFO-based Sector Priority Occupations List (Pivotal). Developed in alignment with the Department of Higher Education and Training's (DHET) 2025/26 SSP Framework, this plan reflects our commitment to responsiveness, evidence-based planning and continuous improvement.

The SSP serves as a strategic instrument to guide sectoral skills development priorities within the broader national agenda. It is aligned with the National Development Plan (NDP) 2030, the National Skills Development Plan (NSDP), the Economic Reconstruction and Recovery Plan (ERRP), and other key frameworks that position skills development as a central driver of inclusive growth and social transformation.

As a forward-looking plan, the SSP not only addresses current sectoral skills needs but also anticipates future demands, ensuring that HWSETA remains agile and responsive to a changing socio-economic and labour market context. In doing so, it strengthens our skills planning mechanisms to deliver quality services to stakeholders and contribute meaningfully to national development objectives.

HWSETA remains committed to working with government, organised labour, employers and communities to expand opportunities for skills development, with a strong focus on empowering youth, women and persons with disabilities. Through collaboration and innovation, we will continue to ensure that skills development in the health and social development sectors advances equity, employment creation and sustainable growth.

In presenting this SSP, HWSETA reaffirms its role as a responsive and accountable authority, dedicated to building a skilled and resilient workforce for the future.



MR SIMPHIWE DZENGWA

Chief Executive Officer: HWSETA



ABBREVIATIONS & ACRONYMS

AAG	Average Annual Growth	**NGO**	Non-Governmental Organisation
AHPCSA	Allied Health Professions Council of South Africa	**NHA**	National Health Act, 61 of 2003
AIDS	Acquired Immune Deficiency Syndrome	**NPC**	National Planning Commission
APP	Annual Performance Plan	**NPO**	Non-Profit Organisation
ATR	Annual Training Report	**NQF**	National Qualifications Framework
CBO	Community-Based Organisation	**NSC**	National Senior Certificate
CDW	Community Development Worker	**NSDP**	National Skills Development Plan
CET	Community Education and Training	**OFO**	Organising Framework for Occupations
CHW	Community Health Worker	**OHSC**	Office of Health Standards Compliance
CMS	Council for Medical Schemes	**PHC**	Primary Healthcare
CPD	Continuous Professional Development	**PIVOTAL**	Professional, Vocational, Technical and Academic Learning
DHET	Department of Higher Education and Training	**PSETA**	Public Service SETA
DCST	District Clinical Specialist Team	**PSET**	Post-school Education and Training System
DOH	Department of Health	**QCTO**	Quality Council for Trades and Occupations
DSD	Department of Social Development	**RIME**	Research, Information, Monitoring & Evaluation
ECD	Early Childhood Development	**RPL**	Recognition of Prior Learning
EISA	External Integrated Summative Assessment	**SACSSP**	South African Council for Social Services Professions
ERRP	Economic Reconstruction and Recovery Plan	**SAMA**	South African Medical Association
GBV	Gender-Based Violence	**SANC**	South African Nursing Council
GWM&ES	Government-wide Monitoring & Evaluation System	**SANDF**	South African National Defence Force
HASA	Hospital Association of South Africa	**SAPC**	South African Pharmacy Council
HEI	Higher Education Institution	**SARS**	South Africa Revenue Service
HEMIS	Higher Education Management Information System	**SASSA**	South African Social Security Agency
HET	Higher Education and Training	**SASSETA**	Safety and Security SETA
HIV	Human Immunodeficiency Virus	**SAVC**	South African Veterinary Council
HPCSA	Health Professions Council of South Africa	**SAW**	Social Auxiliary Worker
HRDC	Human Resources Development Council	**SDA**	Skills Development Act
HRH	Human Resources for Health	**SDL**	Skills Development Levy
HTFV	Hard-to-fill-vacancies	**SETA**	Sector Education and Training Authority
HWSETA	Health and Welfare Sector Education and Training Authority	**SIC**	Standard Industrial Classification of all economic activities
IHME	Institute for Health Metrics and Evaluation	**SPOI**	Sectoral Priority Occupations and Interventions
ILO	International Labour Organisation	**SSP**	Sector Skills Plan
ISHP	Integrated School Health Programme	**STATS SA**	Statistics South Africa
M&E	Monitoring & Evaluation	**TB**	Tuberculosis
MERP	Monitoring & Evaluation Reporting Plan	**TVET**	Technical and Vocational Education and Training
MoA	Memorandum of Agreement	**UHC**	Universal Health care
MoU	Memorandum of Understanding	**UNDP**	United Nations Development Programme
MTEF	Medium-Term Expenditure Framework	**WBL**	Work-based learning
NDoH	National Department of Health	**WBPHCOT**	Ward-Based Primary Health Care Outreach Team
NDP	National Development Plan	**WHO**	World Health Organisation
NEA	Nursing Education Association	**WIL**	Work-Integrated Learning
NEI	Nursing Education Institution	**WSP**	Workplace Skills Plan

EXECUTIVE SUMMARY

HWSETA serves a broad and complex sector spanning human and animal health, as well as social development and social services in South Africa. The sector covers healthcare facilities and services, pharmaceutical distribution, medical research, veterinary services, non-governmental organisations (NGOs) and social work practices across public and private domains. As at 2025, total employment in the sector was approximately 717 006, with public sector employment (293 084) showing negative annual average growth of 3,6%, while the private sector (423 922) has grown modestly at 2,5% over the 5-year period. Thus, total employment in the sector is growing at -0,3% annual average growth over the same period. The workforce is predominantly female and black, with limited representation of persons with disabilities.

The sector is characterised by strong regulatory oversight, with statutory professional councils shaping scopes of practice, qualifications and training standards. These bodies ensure the integrity of professional conduct, continuous professional development and ultimately the quality of service delivery. However, NGOs – critical service providers in social development – face persistent skills attraction and retention challenges.

Key change drivers include fiscal constraints, workforce shortages and the accelerating adoption of technology. These pressures are amplified by systemic human resource and labour market challenges such as high vacancy rates, particularly among nurses, and inequities in remuneration, working conditions and resource distribution.

To address these challenges, targeted interventions are required. In health and social development, leadership, strategic management, fundraising and data analytics skills are urgent priorities. Strengthening managerial capacity, enhancing mid-level skills and adapting to evolving qualification frameworks – such as the transformation of nursing education – are critical to sustaining workforce supply.

In line with national development priorities (i.e. NSDP, MTDP and SETA high-impact programmes), HWSETA has identified four overarching areas of focus:

1. Strengthening the skills pipeline into the health and social development sector, with multiple entry points into employment.
2. Advancing professionalisation of the workforce, ensuring that both current employees and new entrants meet evolving service delivery requirements.
3. Developing critical skills for a capable developmental state, including skills required for the state to meet its obligations as a developmental state.
4. Enabling inclusive and equitable participation

Partnerships with employers, training institutions and professional councils remain central to HWSETA's mandate. By deepening these collaborations and scaling work-based learning initiatives, HWSETA seeks to strengthen sectoral skills provision, enhance equity and service quality and ensure that the workforce is adequately prepared to meet the present and future needs of South Africa's health and social development systems.



ZANDILE MAFATA

Chief Financial Officer: HWSETA

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RESEARCH PROCESS & METHODS

The research unit of HWSETA conducts several research projects every year to inform the skills planning process. The studies that were conducted in the year preceding this SSP are listed in the table at the end of this section.

The research that informs this year's SSP update consists of three projects, each designed to provide the information needed to fulfil the requirements of the six chapters of the SSP. These projects are conducted simultaneously and culminate in the chapters of the SSP. The projects commence in May each year and continue until the end of July.

1. POLICY ANALYSIS PROJECT

This year's policy analysis project focuses on specific critical areas in the health and social development sectors that are in the process of being addressed by Government. The study aims to ascertain the progress made so far and the obstacles encountered in the implementation of policies and strategies. The areas included are:

- The implementation of the National Health Insurance (NHI)
- The development of the primary health care system
- The supply of medical doctors in South Africa
- The supply of nurses in South Africa
- The execution of the Skills Strategy of the ERRP.

This study uses existing data sources such as annual and progress reports and official publications of the entities responsible for the implementation of the respective policies and strategies, as well as personal interviews with a selected number of key individuals who have direct knowledge and insight into the respective issues.

2. DEMAND-SIDE ANALYSIS PROJECT

The annual demand-side project is a quantitative study that is aimed at tracking trends in employment in the health and social development sector. The study looks at:

- Estimates of total employment
- The profile of the workforce
- Employment in specific occupations
- Vacancies and vacancy rates
- Other indications of skills shortages.

This study is mainly based on existing data sources. The DHET also requires SETAs to conduct personal interviews with a select number of employers according to an interview schedule developed by the department. Occupation-focused studies were also conducted in 2022/23, 2023/24 and 2024/25, including with medical practitioners, pharmacists and pharmacist assistants, and social service professionals such as social workers, social auxiliary workers and child and youth care workers. The findings from interviews with stakeholders in the medical, pharmacy and social service professions, including relevant councils, voluntary associations, employers, medical and pharmacy schools and training institutions for social service professionals, are incorporated in the SSP update where applicable. The demand-side study covers the private and public health and social development sectors as well as a portion of animal health. The following datasets and data sources are analysed in the demand-side analysis project:

- The Workplace Skills Plan (WSP) submissions to HWSETA (2024/2025)
- The WSP submissions to PSETA (health and social development departments) (2024/2025)
- The Medpages database (2024)
- Discretionary grant applications submitted to the HWSETA (2024/2025)
- DHET employer interviews (2019-2025)
- HWSETA interviews with specific stakeholders (2019-2025)

This study is conducted every year from May to July and the results are usually incorporated in the second submission of the SSP. An extension for the submission of WSPs was granted by DHET as a result of the delay in the appointment of SETA boards, which means that the demand data was only available in June and updated in the second submission at the end of August 2025. Over the years, HWSETA has assisted NGOs and NPOs through

different initiatives which has improved the submission rate of the NPOs as reported by the HWSETA NPO training needs analysis for skills planning research study.

3. SUPPLY-SIDE ANALYSIS PROJECT

This study looks at the supply of skills to the health and social development sector. It tracks changes in the supply of skills over time and investigates supply-side blockages. The study is quantitative and qualitative in nature. Existing data sources were analysed. Professional councils that do not publish their registration figures were contacted by email or telephonically to request registration figures. In addition to this data, interviews were conducted with all the medical and pharmacy schools, councils, voluntary associations and employers as part of the occupation-focused research (medical practitioners, pharmacists and pharmacist assistants) in 2022/23, 2023/24 and 2024/25. The study covers education and training from the post-school level to professional registration. It includes higher education and professional qualifications as well as occupational qualifications. The following data sources and datasets were analysed:

- Department of Higher Education and Training HEMIS database - Higher Education Management Information System for annual qualification output (2023) [1]
- HWSETA 's information on occupational qualifications (2024)
- Databases of all the relevant Councils, i.e. HPSCA, SANC, SAPC, AHPCSA, SAVC and SACSSP (2023-2025).

This study culminates in the consolidation and completion of analysis between May to July.

4. SUPPLEMENTARY RESEARCH ON KEY ISSUES

In 2022, a study was conducted between March and September on the effect of COVID-19 on shop stewards in the South African health and social development sectors. This study's main findings highlighted the need to use workplaces as training spaces to enhance workers' capabilities.

Other research projects conducted in the 2022-2023 cycle that informed HWSETA's skills planning. These focus on the following topics: determining the level of exposure and adoption of 4IR in the health sector and the relating skills gaps; identifying appropriate skills intervention to address identified skills gaps resulting from current and historical trends in the migration of healthcare professionals in South Africa; and determining, through tracer studies, the employability of students after completing graduate and postgraduate studies funded by HWSETA.

In relation to the supply and demand of specific health workers, studies focused on medical practitioners, pharmacists and pharmacist assistants (2022-2023). For the social development sector, supply and demand studies were conducted that focused on social workers, social auxiliary workers and child and youth care workers (2023-2024).

These types of studies are undertaken throughout the year. Following the first submission of the SSP to the DHET in mid-June each year, HWSETA engages in consultative workshops with stakeholders, giving them the opportunity to provide input on the skills needs of the different components of the sector. The SSP is also presented to the HWSETA Board at their strategic planning session. Comments from these consultative processes are included in the updates of the SSP where applicable.

1 This is the most recent data available from DHET.

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
1. Trends analysis of employment in the health and social development sector: SSP Demand Analysis Project	Quantitative, cross-sectional (descriptive)	To track trends in employment in the health and social development sector.	Document review, systematic review of administrative databases	Secondary data: HWSETA levy payers (2024) HWSETA WSP submissions (2024) PSETA WSP submissions 2023 Medpages database June 2024	Levy-paying organisations in HWSETA – 12 573, WSP submissions – 1961, individual employee records – 218 299, PSETA WSP submissions – 20 departments Medpages database – 95 707 records	March – June 2024	Chapter 1
2. Trends analysis of the supply of qualifications relevant to the health and social development sectors: SSP Supply Analysis Project	Mixed method	To track trends in the supply of qualifications relevant to the health and social development sectors and to track trends in professional registrations.	Document review, systematic review of administrative databases	Secondary data : HEMIS data (DHET) 2021 (most recent) professional council registers (May-June 2023) SAPC, HPCSA, SACSSP, and colleges of medicine data	6 individuals interviewed, one from each of the six statutory professional councils 1 individual from a voluntary professional body	May-June 2024	Chapters 1 and 3
		Focused occupational research on medical practitioners, pharmacists, pharmacist assistants, social workers, and child and youth care workers.	Quantitative and qualitative, explanatory sequential design closed-ended questionnaires and interviews	Secondary data and primary data: Same data sources as above but also includes primary data from key informants (experts) in the sector	49 semi-structured stakeholder interviews HPCSA, SAPC and SACSSP register data (2022-2024) Mid-year population data (2022)	November 2023-May 2024	

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PRIMARY AND SECONDARY RESEARCH							
3. Trend analysis of the migration of healthcare professionals	Mixed method	1) To establish the current and historical trends in the migration of the healthcare professionals in South African 2) To establish the extent to which the current and historical trends in the migration of healthcare professionals in South African health sector created skills gaps as either opportunities or threats 3) To identify appropriate skills intervention responses to the identified skills gaps emanating from the current and historical trends in the migration of the health carer professionals in the South Africa	Quantitative (semi-structured interviews and online survey) and qualitative interviews	Secondary data: Medpages, OECD and SANC. Primary data: statutory body association and/ or professional body associations.	46 interview responses from private hospitals (28 private and 18 private) 5600 survey responses by healthcare professionals (841 specialist medical practitioners; 710 general medical practitioners; 256 professional nurses; 105 pharmaceutical technicians; 46 medical technicians) 5 industry associations key informants	March-June 2022	Chapters 2 and 3
4. Alignment of the occupational qualifications developed by HWSETA to meet sectoral needs and demand	Mixed method	1) To assess the internal and external factors that inform HWSETA's process of qualification development 2) To determine the alignment of the qualifications developed by HWSETA to the sectoral needs 3) To determine the outcomes of these occupational qualifications on employment by measuring and mapping exit pathways after completion of training	Quantitative and qualitative: structured survey (web-based) in-depth face-to-face interviews and computer assisted telephonic interviews (CATI) and document analysis	Primary data: Training providers Key informants Enrolled students	3 training providers 7 key informants for qualification development process 236 qualification beneficiaries	July 2022-September 2023	Chapter 3

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
5. Investigating the effects of COVID-19 on shop stewards in the health and social development sector	Quantitative method	1) To investigate the resultant effects of COVID-19 on shop stewards from trade unions in the health and social development sector 2) To obtain the perceptions of shop stewards from the trade unions in the health and social development sector about the skills gaps in trade unions considering the direct and indirect challenges posed by COVID-19 3) To explore the experiences of shop stewards from trade unions in the health and social development sector regarding the barriers to accessing required skills to respond to COVID-19 4) To determine the barriers for shop stewards to access the skills they require to offer effective responses towards the control of COVID-19	Quantitative: Online Survey Monkey	Primary data from Shop stewards	440 Shop stewards from 5 different unions	March 2022-September 2022	Chapter 2
6. The Level of Exposure and adoption of 4IR in the Health Sector	Mixed Method	1) To determine the level of exposure and adoption of 4IR among four occupation groups within the health sector 2) To determine to what extent the exposure and adoption of 4IR created skills gaps as either opportunities or threats 3) To determine the extent of exposure and adoption in 4IR changes of the nature of work in terms of tasks and occupations 4) To determine occupations at risk of being replaced by automation or 4IR technologies from the four occupation groups 5) To determine the potential impact of 4IR on employment within the four occupation groups	Quantitative and qualitative: online survey semi-structured interviews with key informants focus groups with key informants	Primary data: from key informants (associations and statutory bodies) and healthcare professionals	33 focus groups participants 123 online surveys (healthcare professionals) 6 semi-structured interviews with key informants	March 2022-September 2022	Chapter 2

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
7. An 8-year review of WSP submission and actual training needs	Mixed method	1) To determine how many levy-paying and non-levy-paying organisations have submitted their WSPs over the past eight years 2) To determine the size of the organisations that have submitted the WSP over the last 8 years 3) To determine if the planned training identified by employers over the eight years were implemented as intended under the actual training 4) To identify employer organisations who submit WSP/ATR and participate in HWSETA's discretionary grant programmes as expressed through our expression of interest	Quantitative (WSP datasets) and one interview with HWSETA Skills Development Division	2016- 2017 to 2022-2023 WSP and ATR submissions	1835 organisations	October 2022-February 2023	Chapters 1 and 3
8. Employment trends and the determining factors within the health and social sector	Mixed method	1) To establish if there were any job losses/ gains within the health and social sector as at 2022 2) To establish which occupations contributed primarily towards job losses/ gains within the health and social sector as at 2022 3) To explore the primary reasons for job losses/gains as at 2022 4) To establish common skills gaps in 2022 5) To establish emerging occupations and skills gaps in 2022	Computer assisted telephonic interviews (CATI) and secondary database analysis.	Primary data collection from organisations belonging to health and social development sector Secondary data: 2016- 2022 WSP/ATR Submissions, SETA quarterly management reporting database (SQMR) and SETMIS.	36 824 Registered organisations on the WSP 462 organisations that participated on Survey Monkey	October 2022-February 2023	Chapter 1
9. HWSETA track and trace study: employed (artisans, learnership, undergraduate, and postgraduate bursary) 2022/23 cohort	Quantitative	1) To determine whether the qualification has provided a career progression 2) To determine the change in salary/wage after obtaining the qualification 3) To determine the utilisation of skills after completion 4) To determine learner perceptions towards the programme	CATI	Primary data: sample frame from SQMR and SETMIS	188 learners who completed HWSETA learning or work experience in the bursaries and learnerships cohorts	April -June 2023	Chapters 4 and 5

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
10. HWSETA track and trace study: TVET WIL and university WIL 2022/23 cohort	Quantitative	1) To determine the attainment of full qualifications after completion of the WIL programme 2) To determine learners' experiences in the WIL programme 3) To determine learner employability after completing the WIL programme	CATI	Primary data: sample frame from SQMR and SETMIS	429 learners who completed HWSETA TVET and university WIL programmes	April-May 2023	Chapters 4 and 5
11. Trade unions officials relevance evaluation study 2022/23 cohort	Quantitative	1) Have the trade unions officials received training as set out in their training plans? 2) To what extent have the training needs of trade unions officials been met over the past two years in relation to what was planned? 3) To what extent have trade union officials utilised the skills developed through HWSETA support to advance the union agenda 4) What other skills needs do trade unions have that may require HWSETA support in the near future	Surveys conducted via an online platform and telephonically	Primary data: sample frame from SQMR and SETMIS	175 beneficiaries	April-July 2023	Chapters 4 and 5
12. TVET and university work-WIL tracer study 2022/23 cohort	Quantitative	1) To determine students' experiences in the WIL programme 2) To determine students' perceptions of their work-readiness after completing the WIL programme 3) To determine attainment of full qualification after completing the WIL programme 4) To determine student employability after completing the qualification in the funded work-integrated programme	Survey conducted telephonically	Primary data: sample frame from SQMR and SETMIS	399 beneficiaries	April-February 2023	Chapters 4 and 5
13. Unemployed Adult Education and Training (AET) track and trace study 2022/23 cohort	Quantitative	1) To determine the destinations of learners who completed the AET programme 2) To determine the nature of the employment of learners who were employed 3) To determine the type of skills development initiatives that yield positive employment outcomes 4) To assess progression to further learning after completing the AET programme	Survey conducted telephonically	Primary data: sample frame from SQMR and SETMIS	320 beneficiaries	April-July 2023	Chapters 4 and 5

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
14. Levy-exempt organisations and small and emerging businesses 2022/23 cohort	Quantitative	1) Have levy-exempt organisation and SMEs received training as prescribed in their plans? 2) To what extent have the training needs of levy- exempt organisations and SMEs been met over the past two years in relation to what was planned? 3) To what extent have HWSETA's funding interventions improved the governance of levy-exempt organisations? 4) Has there been there a continuation of benefits since they received HWSETA SME support initiatives? 5) Which types of support led to the sustainability (continuation of benefits) of SMEs and addressed their constraints to sustainability?	Survey conducted telephonically	Primary data: sample frame from SQMR and SETMIS	220 beneficiaries	April-June 2023	Chapters 3 and 5
15. Employment trends and the determining factors within the health and social sector	Quantitative	1) To establish if there were any job losses/ gains within the health and social sector as at 2022 2) To establish which occupations contributed most towards job losses/gains in the health and social sector as at 2022 3) To explore the primary reasons for job losses/gains as at 2022 4) To determine common skills gaps in 2022 5) To determine emerging occupations and skills gaps in 2022	Surveys conducted via an online platform and telephonically	Primary data sample frame from 2016- 2017 to 2022-2023 WSP and ATR submissions	2993 organisations that reported on total employment profile from WSP 462 organisations that participated on the survey	October 2022-February 2023	Chapter 1
16. A survey of WSP/ATR non-submissions by employers in the health and social development sector	Quantitative	1) To find out the reasons for the non-submission of the WSP/ATR by the HWSETA SDL paying organisations 2) To propose measures that can be taken to improve the submission of WSP/ATR by the SDL paying organisations	Surveys conducted via an online platform and telephonically	Primary data: • sample from SARS database of employers classified under HWSETA	A sample of 441 organisations reached by the study	September 2023 to January 2024	Chapter 1

TABLE 1-0 SUMMARY OF RESEARCH PROCESS AND METHODS: DATA SOURCES							
TOPIC	**NATURE (DESIGN) OF THE STUDY**	**OBJECTIVES OF THE STUDY**	**DATA COLLECTION METHODS**	**LIST OF DATA SOURCES AND DATASETS**	**SAMPLE SIZE AND SCOPE**	**TIMEFRAME**	**INFORMED WHICH CHAPTER?**
PRIMARY AND SECONDARY RESEARCH							
17. Investigating the association between employee wellness (physical and mental health) and the working environment	Mixed methods	1) To investigate the role of the working environment and physical health on mental health of persons registered with the South African Pharmacy Council 2) To investigate the role of demographic and socio-economic factors on the mental health of persons registered with the SA Pharmacy Council 3) To establish if any of the health cases attended by the committee are representative of the prevalence of mental health problems in the profession 4) To establish possible intervention options available for SAPC other than current health processes, to prevent or manage mental health problems within the profession	Online Survey Monkey and focus group interviews	Primary data: • Same frame from SACP register dataset • Key informants from SACP council committee, pharmacy associations	3977 personnel in SACP register dataset 3 pharmacy associations	October 2023 to January 2024	Chapter 2

ONE

CHAPTER 1: SECTOR PROFILE

1.1 Introduction

This chapter provides an overview of the scope of coverage of the health and social development sector, the key role players in the sector and the economic performance of the sector. The chapter also includes an employer and labour market profile of the sector. Data sources used are the Budget Review (2024) and Estimates of National Expenditure of National Treasury (2024), the PSETA and HWSETA WSP data (May 2023 and 2024 submissions) and data from Medpages (May 2023 and 2024).

1.2 Scope of coverage

HWSETA's sector spans economic activities across five sections of the Standard Industrial Classification (SIC) of all economic activities, namely: manufacturing (c), wholesale and retail trade (g); professional, scientific, and technical activities (m), public administration, and defence and compulsory social security (o) and human health and social work activities (Q). The relevant SIC codes and their descriptions are outlined in the table below. In general, the sector includes a broad range of activities such as the manufacture of pharmaceuticals, medical and dental instruments and supplies; the retail sale of pharmaceutical, medical and personal care products; veterinary services; and a wide array of public health functions regulated and administered at national, provincial and local government levels, including healthcare for military personnel. It also covers hospital services, paramedical and laboratory services, as well as various forms of residential care (including for the elderly, disabled, and those with mental health or substance abuse needs). In addition, the sector encompasses social work activities both with and without accommodation, such as support for the elderly, disabled, or vulnerable groups including children and the homeless (Stats SA, 2012).

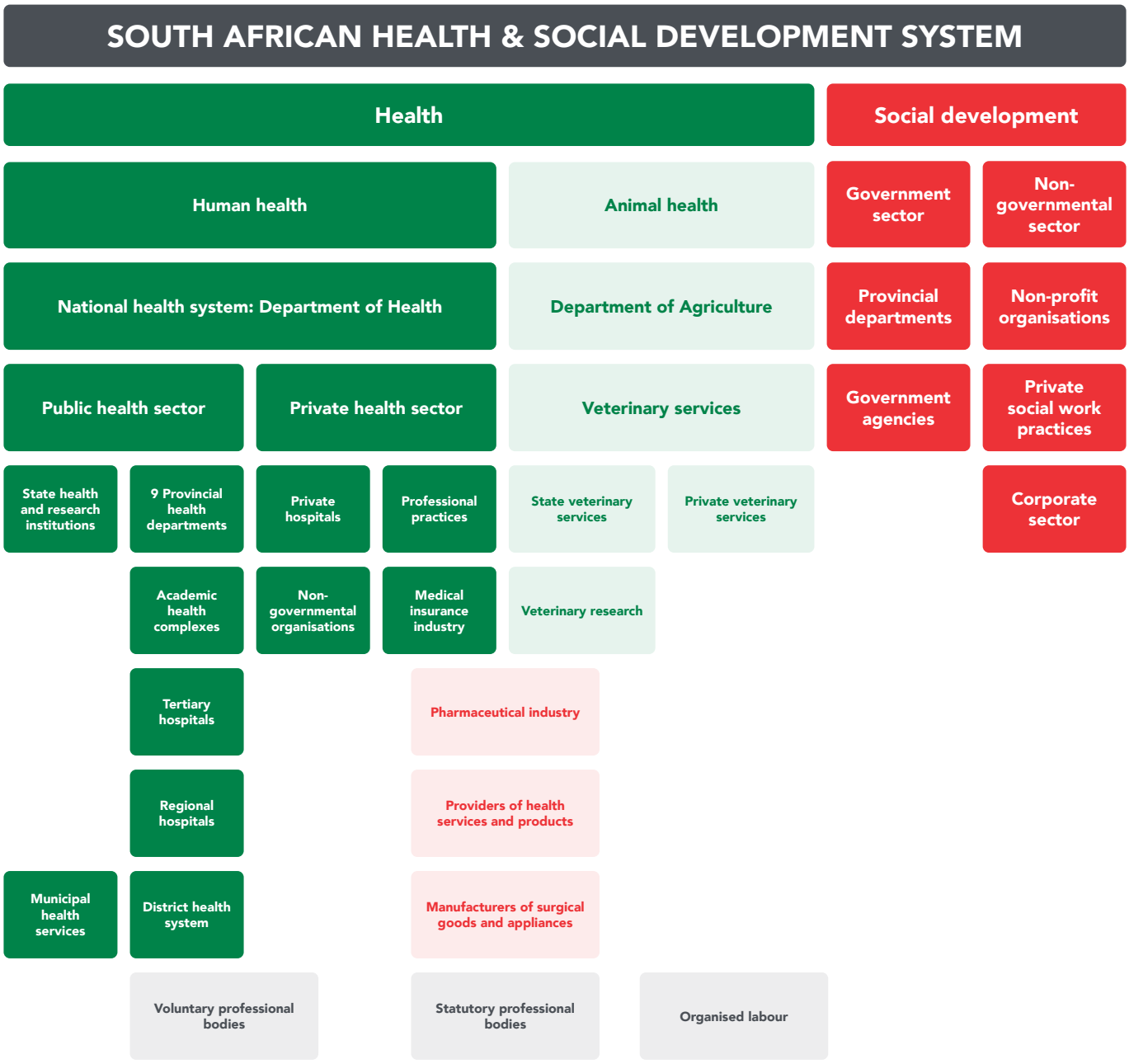
TABLE 1: SIC CODES AND DESCRIPTIONS

SECTION	SIC CODE	SIC DESCRIPTION
C	21000	Manufacture of pharmaceuticals, medicinal chemical and botanical products
	32500	Manufacture of medical and dental instruments and supplies
G	47620	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialised stores
M	75000	Veterinary activities
O	84121	Regulation of the activities of providing health care, education, cultural services and other social services at the national government level
	84122	Regulation of the activities of providing health care, education, cultural services and other social services, at provincial government level
	84123	Regulation of the activities of providing health care, education, cultural services and other social services, at local government level
	84220	Administration, supervision and operation of health activities for military personnel in the field
	84121	Regulation of the activities for providing health care, education, cultural services and other social services at national government level
Q	86100	Hospital activities
	86201	Medical practitioner and specialist activities
	86202	Dentistry and specialist dentist activities
	86209	Other medical and dental practice activities
	86900	Other human health activities e.g. nurses, paramedical practitioners, medical laboratories, blood banks, ambulances
	87100	Residential nursing care facilities
	87200	Residential care activities for mental retardation, mental health and substance abuse
	87300	Residential care activities for the elderly and disabled
	87900	Other residential care activities e.g. orphanages, temporary homeless shelters
	88100	Social work activities without accommodation for the elderly and disabled
	88900	Other social work activities without accommodation

Source: (Stats SA, 2012)

The sector supported by HWSETA is broad and encompasses elements of both the human and animal health systems and aspects of human and animal welfare in South Africa. Within the health component, economic activities include healthcare facilities and services, pharmaceutical services, medicine distribution, medical research, NGOs and veterinary services. The social development component involves government departments, NGOs and private social work practices, as shown in the table below.

FIGURE 1: STAKEHOLDERS OF THE HEALTH AND WELFARE SETA



Source: (HWSETA, 2023).

1.3 Key role players

The sector is shaped and governed by a wide range of stakeholders across both the public and private spheres. These include government departments and entities, statutory and voluntary professional bodies, NGOs, CBOs, NPOs, labour unions, trade unions and institutions involved in research and training. The table below outlines these key role players along with their main responsibilities in relation to the NSDP outcomes.

TABLE 2: KEY ROLE PLAYERS IN THE SECTOR

ROLE PLAYER	KEY ROLES IN RELATION TO THE NSD1P OUTCOMES
National Department of Health (NDoH) : Responsible for national health policy, regulation, and coordination of public health services.	Supports NSDP Outcomes 1, 2, 4 and 5 by identifying priority health occupations, facilitating workplace-based learning in public health facilities, increasing access to health-related occupational programmes and developing the public health workforce.
National Department of Social Development (DSD) : Oversees social welfare services, including social grants and community development programmes.	Supports Outcomes 2, 3, and 5 by implementing social support programmes that address vulnerability.
HWSETA: Manages skills development and training within the health and social development sector.	Directly linked to all eight NSDP outcomes by facilitating skills development and workforce capacity-building as per Skill Development Act (SDA).
South African Nursing Council (SANC) : Statutory body regulating nursing education, practise and professional conduct.	Ensures quality nursing training and practise, impacting Outcome 2 and 3 through professional standards and accreditation.
Provincial departments of health and social development: Manage and deliver health and social services at provincial level.	Enable Outcomes 2, 3, and 5 by implementing national policies within provinces, adapting to local needs.
Public TVET and nursing colleges: Institutions providing vocational and nursing education and training.	Support Outcomes 4 and 5 by training skilled health and social care workers, increasing workforce readiness.
NGOs, CBOs, NPOs: Civil society groups providing health and social services, advocacy, and community support.	Facilitate Outcomes 5 and 6 by addressing gaps in service delivery and supporting vulnerable populations.
Statutory and voluntary professional bodies: Organisations regulating various health, social, and veterinary professions (e.g. HPCSA, SACSSP, SAVC, etc).	Maintain professional standards and ethics, contributing to Outcome 3 by ensuring quality and accountability in service provision.
Labour and trade unions: Represent workers' rights and interests in the health and social development sectors.	Influence Outcome 7 by advocating for fair employment conditions and skills development.
Research institutions (e.g. Medical Research Council) : Conduct research and provide evidence to guide health and social policy and practice.	Support Outcomes 1 and 3 by generating data to inform interventions and improve service effectiveness. Influences HWSETA through research findings that highlight urgent skills shortages and emerging needs in healthcare and biomedical fields.
Hospital Association of South Africa ("HASA"): Represents private hospitals in South Africa.	HASA supports Outcomes 4, 5, 7 and 8 by promoting healthcare training, partnering with colleges, addressing skills gaps and improving graduate employability.

Source: (HWSETA, 2023)

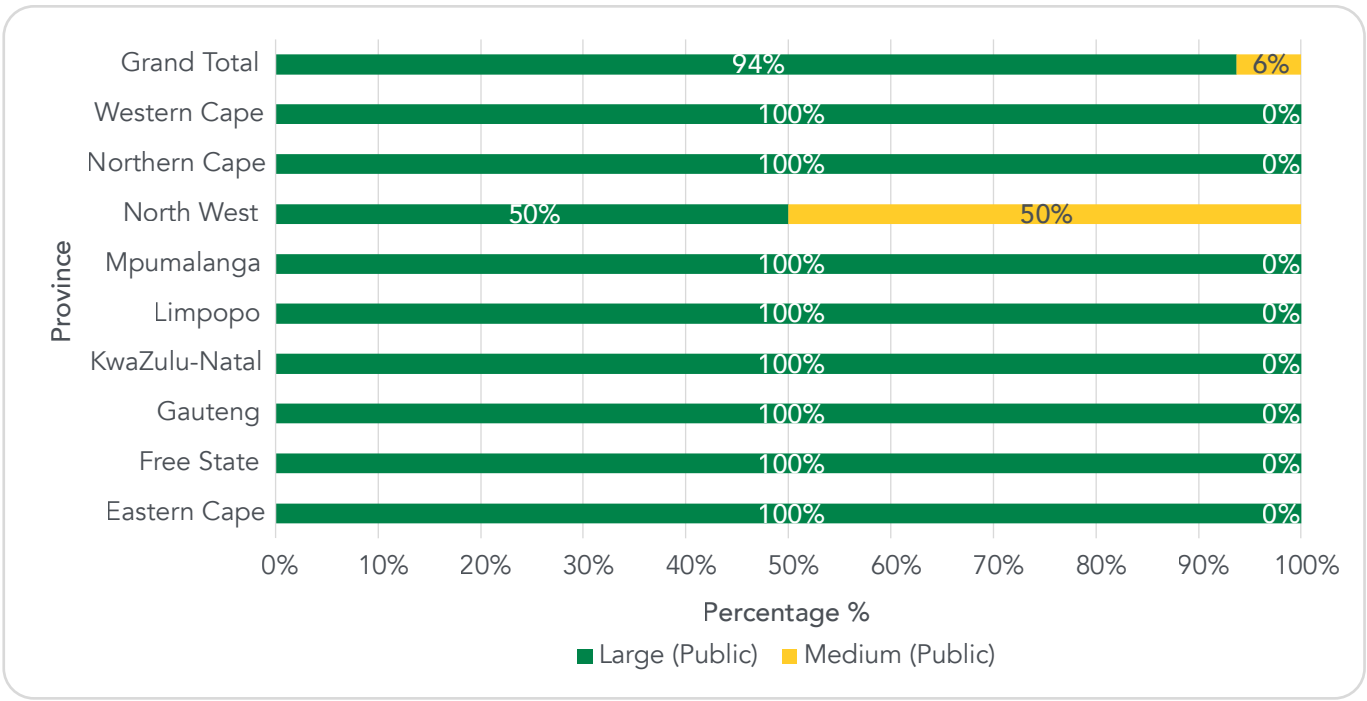
1.4 Employer profile

1.4.1 Public & private sector

The health and social development sector is characterised by significant diversity. The public sector employer base is characterised by large organisations (150 or more employees) across all nine provinces, with each province hosting both a Department of Health and a Department of Social Development. As shown in the figure, large employers dominate uniformly across provinces (94%), underscoring the widespread distribution of substantial public institutions. The only exception is North West province, which, in addition to large employers, also includes a notable share of medium-sized organisations (50–149 employees, 6%), highlighting a slightly more diverse employer structure compared with other provinces. In total, 20 large public departments form the backbone of the public sector workforce.

1 NSDP Outcomes: (1) Identify and increase the production of occupations in high demand; (2) Link education and the workplace; (3) Improve the level of skills in the South African workforce; (4) Increase access to occupationally directed programmes; (5) Support the growth of the public sector: (6) Support the inclusion of people with disabilities, rural and marginalised groups; (7) Promote the growth of a public, private and community-based constituency of skills development providers; (8) Improve the employment prospects of youth through skills development

FIGURE 2: ORGANISATION SIZE BREAKDOWN IN THE PUBLIC SECTOR BY PROVINCE, 2024/2025

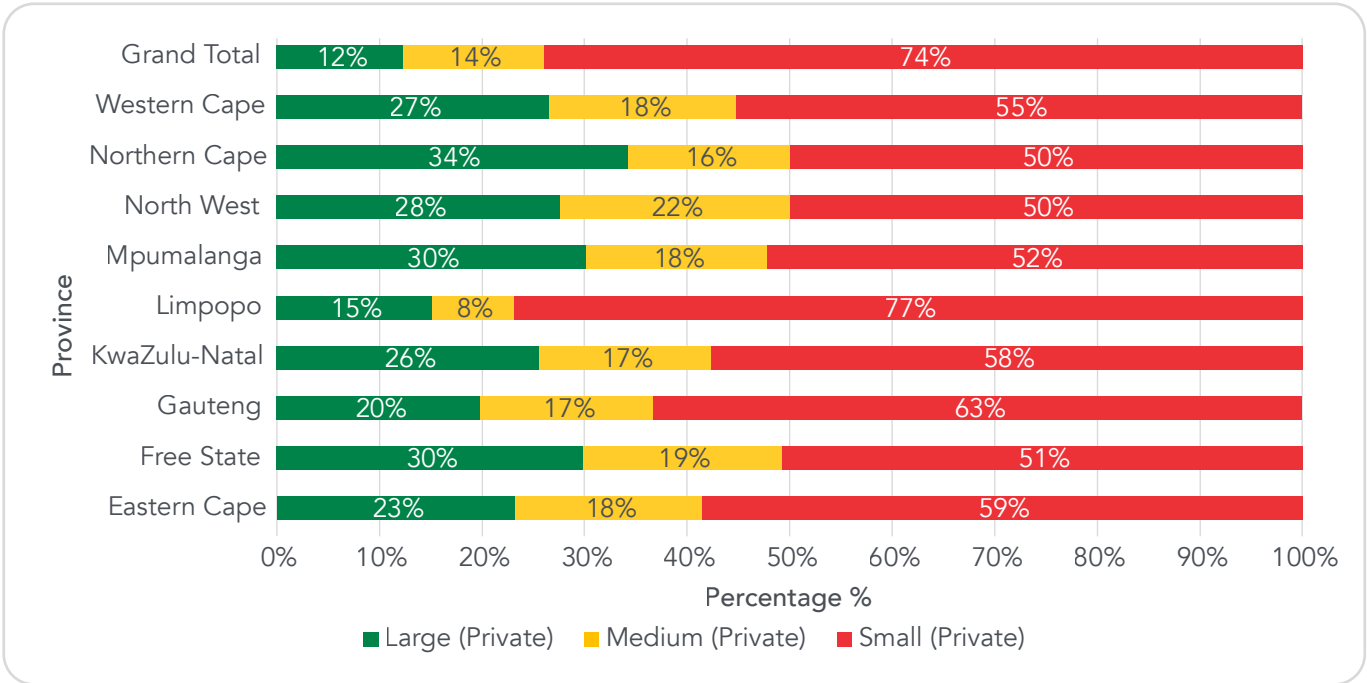


Source: PSETA WSP submissions 2024.

In contrast to the public sector, the private health and social development sector is predominantly made up of small organisations (74%), including for-profit providers and not-for-profit entities such as NPOs, NGOs and CBOs. As illustrated in the figure below, small employers dominate in every province. Medium-sized organisations (50–149 employees) make up a smaller share (14%) in the sector. Large organisations (150+ employees) account for an even smaller proportion of 12% in the sector.

Overall, this distribution underscores the fragmented and decentralised nature of the private sector where most providers are small-scale operations, particularly individual health professionals in private practice. Despite their numerical dominance, these small entities employ fewer staff overall, whereas the fewer large private institutions (such as hospitals and pharmacy groups) account for most employment within the sector.

FIGURE 3: ORGANISATION SIZE BREAKDOWN IN THE PRIVATE SECTOR BY PROVINCE, 2024/2025



Source: HWSETA WSP submissions 2024.

Private health employers span a wide range of services, including hospitals and clinics, general practitioners and specialists, dental care, laboratory services, medical aid schemes, complementary and alternative health services, veterinary care, community-based services and research and development institutions. The geographic distribution of these employers has remained relatively stable in recent years. Gauteng continues to host the highest concentration of private health employers, followed by Western Cape, while Northern Cape consistently reflects the lowest presence across all organisational sizes. This distribution is mirrored in the private health sector workforce, highlighting a continued trend of investment being concentrated in metropolitan areas.

In the 2024/2025 financial year, approximately 13,157 out of 47,876 organisations registered with SARS within the HWSETA domain contributed to the Skills Development Levy (SDL), representing a compliance rate of 27.5% (SARS, 2024), consistent with the previous financial year. While the proportion of compliant organisations remained stable, the number of levy-paying organisations increased by 584, reflecting a 4.6% increase in the total number of contributing entities compared with 2023/2024. This is represented in the graph below.

FIGURE 4: LEVY-PAYING VS NON-LEVY-PAYING ORGANISATIONS



Source: SARS Levy Data 2025.

Despite increased numbers in levy collection, only 1563 organisations submitted WSPs in 2024/25 (HWSETA Skill Development Levies Data, 2024). This indicates a gap between levy contribution and meaningful participation in skills planning. In response, HWSETA included a study on the barriers to WSP and ATR submissions in its 2023/2024 research agenda (DHET, 2023).

This trend is consistent with broader national concerns. SARS notes that while SDL is a legal requirement for qualifying employers, many businesses, especially in the informal or semi-formal economy, either do not register or fail to comply fully (SARS, 2024). These findings underscore the importance of targeted support, digital simplification and incentive mechanisms to enhance employer compliance, particularly in high-impact sectors such as health and social development.

1.4.2 Non-profit organisations

NPOs are integral to South Africa's health and social development sectors, playing a pivotal role in service delivery, skills development and employment creation. As at October 2024, there were 295,052 registered NPOs in South Africa, an increase from 273,337 in the previous financial year, representing a growth rate of approximately 8% (Barnard, 2024). A significant challenge is that more than half of these organisations are non-compliant, which can undermine their operational effectiveness and limit access to funding opportunities (Barnard, 2024).

The Social Sector Framework Agreement, signed during the 2022 Presidential Sector Summit, underscores the partnership between the state and civil society in addressing challenges such as poverty, inequality, unemployment

and gender-based violence (DSD, 2022). The agreement also recognises the essential contribution of NPOs to achieving the objectives of the NDP and the 2030 Agenda for Sustainable Development, particularly in empowering women and youth affected by high unemployment rates (National Planning Commission, 2012).

Despite their significant contributions, NPOs face persistent challenges, including limited funding, capacity constraints and regulatory burdens.

NPOs offer a diverse range of services across various sectors. In the social sector, they provide homes and specialised services for people with disabilities, geriatric care, in-home services and specialised youth services. Within the health sector, NPOs are involved in research, education, policy advocacy, and care related to HIV/AIDS, emergency care, mental health, public health, cancer, support for orphans and vulnerable children and palliative care. In the animal health sector, their services encompass veterinary care, animal protection and welfare services (DSD, 2023).

1.4.3 Veterinary health

The veterinary sub-sector plays a vital role in South Africa's public health, food security and socio-economic development. As at 31 March 2024, the South African Veterinary Council recorded 1,627 active veterinary facilities, ranging from animal clinics and hospitals to diagnostic laboratories and research centres, serving as the primary employers within the country's veterinary sector for a total of 7,303 registered professionals (SAVC, 2024).

NPOs and other civil society organisations also contribute to the sector by offering veterinary care, animal protection and welfare services. These services are essential for animal well-being and also for public health and sustainable development in underserved communities (SAVC, 2024).

1.5 Labour market profile

The following section provides an integrated labour market analysis and overview of the economic performance of the sector, including employment patterns, demographic profiles and workforce distribution.

1.5.1 Sector's contribution to the economy

The health and social development sectors play a pivotal role in South Africa's economy by generating employment, income and economic value through service delivery infrastructure. In the 2025/26 fiscal year, the government allocated R298.9 billion to health services and R422.3 billion to social development, reinforcing the importance of these sectors in the national budget (National Treasury, 2025).

The public health sector encompasses hospitals, clinics and community health centres operated by government, while the private health sector includes privately owned hospitals, clinics, medical practices and pharmacies.

Veterinary and para-veterinary services continue to support livestock production and food security, contributing to both human and animal health.

As at Q1 2025, South Africa's official unemployment rate rose to 32.9%, with 8.2 million unemployed people. The expanded unemployment rate, which includes discouraged job seekers, rose to 43.1% (Gumbi, 2025). These figures highlight the importance of labour-absorbing sectors such as health and social development, in addressing joblessness.

1.5.1.1 Economic performance

Government forecasts suggest that health expenditure will rise from R277 billion in 2024/25 to R322 billion in 2027/28, while social development is expected to increase from R396 billion to 448 billion in the same period. This indicates a long-term commitment to public healthcare (National Treasury, 2025). The NHI initiative received an allocation of R9.9 billion over the 2025–2028 Medium-Term Expenditure Framework (MTEF): R8.5 billion in indirect grants and R1.4 billion in direct grants. These funds will be used to develop a national patient information system, a central chronic medicine distribution system and a stock surveillance system (Neethling, 2025).

1.5.1.2 Disparities in resource allocation between public & private healthcare sectors

South Africa's healthcare system is highly segmented, comprising a publicly funded sector that serves the majority of the population and a privately funded sector that caters for a minority. Despite this distribution, there are stark differences in how resources are allocated between the two. The public sector provides healthcare to approximately 84% of the population, while the private sector serves only 16% (Ramaphosa, 2024). Despite the public sector's

much larger patient load, health spending is split nearly 50/50 between the public and private sectors. South Africa spends roughly 8–8.5% of GDP on health in total. About half of this is government expenditure and half private, a notably unequal distribution given the population each serves (Harvard Public Health, 2023). For example, in 2019–2020, the public sector accounted for approximately 4% of GDP in health spending to cover approximately 84% of people, while private sources (e.g. medical schemes, out-of-pocket) made up approximately 4.5% of GDP for the remaining population (Unicef, 2022).

The unequal resource distribution between South Africa's private and public healthcare sectors is evident in the distribution of healthcare workers. The public sector faces a significant shortage of nurses, which negatively impacts service delivery. According to Bloomberg (2023), private hospitals in South Africa have the capacity to train more nurses but are constrained by regulatory frameworks. Notably, the Nursing Act No. 33 of 2005 empowers the South African Nursing Council (SANC) to grant and regulate accreditation – capping student intakes based on physical infrastructure, staffing and clinical placement availability (SANC, 2005). Regulation R.174 of 2013 rescinded approval for legacy undergraduate nursing qualifications, mandating all institutions to transition to newer accredited programmes under the Higher Education Qualifications Sub-framework (HEQSF), a move that reduced training intake in the interim (SANC, 2013). Moreover, a 2018 SANC–NDoH circular introduced a requirement for private training institutions to secure provincial health department support for clinical placements, giving precedence to public nursing colleges and thereby limiting private sector expansion (SAQA, 2015). These layered regulations aim to maintain training quality and manage scarce clinical resources but have had the unintended consequence of curtailing private hospitals' ability to scale training swiftly amid a national skills shortage.

Additionally, the public healthcare workforce is ageing; almost half of registered nurses are expected to retire within 15 years, with 27% in their fifties and 26% in their forties (Schütz, 2021). The shortage extends to doctors, with over 800 qualified medical practitioners unemployed because of budget constraints, resulting in the loss of skilled professionals through emigration and attrition (BizNews, 2024). These challenges compound overcrowding and long wait times in public facilities, further widening disparities between the private and public sectors.

1.5.1.3 Future outlook

Government forecasts suggest that health expenditure will rise from R277 billion in 2024/25 to R329 billion in 2027/28, indicating a long-term commitment to public healthcare (National Treasury, 2025). Similarly, social development spending will grow to expand support for vulnerable populations.

A significant share of the 2025/26 health budget (R28.9 billion) has been allocated to retain 9,300 healthcare workers and employ 800 post-community service doctors, addressing personnel shortages (Tembo, 2025). Additional funds are earmarked for hospital upgrades, equipment acquisition and the expansion of primary healthcare services.

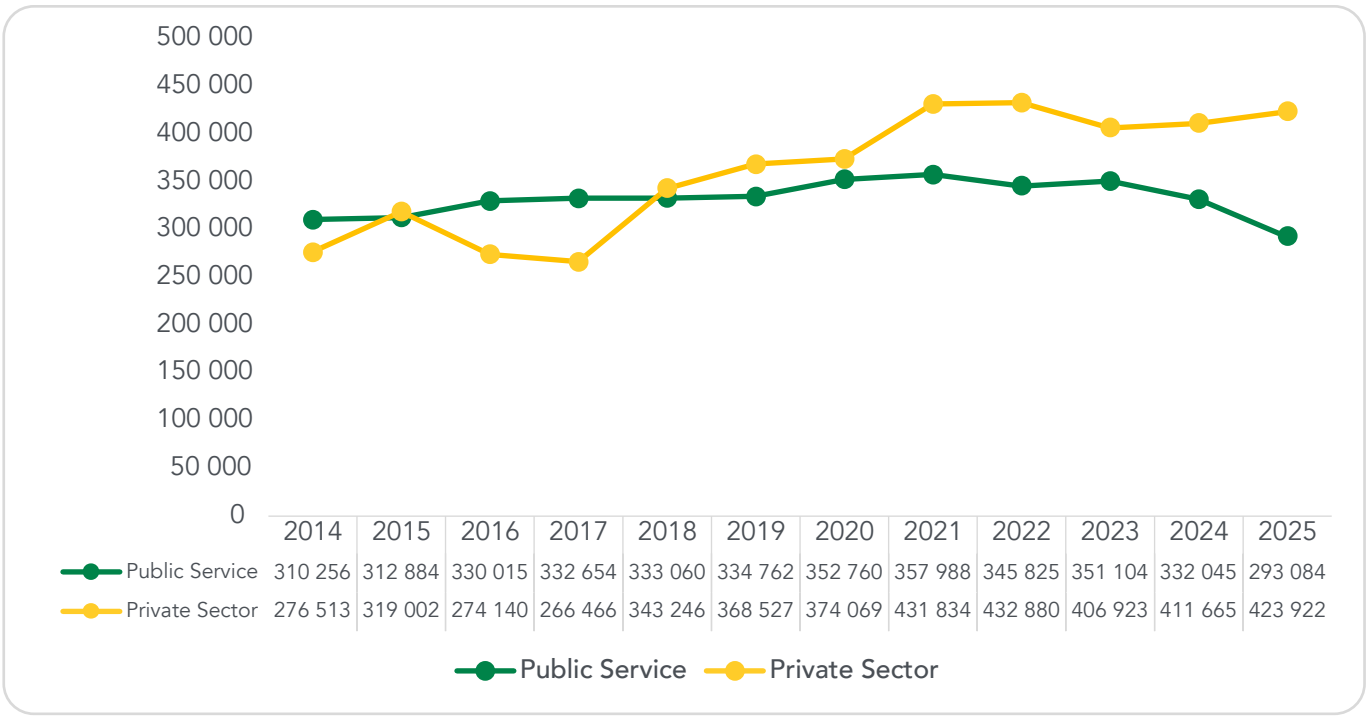
1.5.2 Estimate of total employment

A profile of the health and social development labour force was developed using data from WSPs submitted by private sector employers to HWSETA and submissions from public sector employers to PSETA. In 2025, the combined data reflected a total of 717,006 individuals formally employed across the sector, spanning occupational categories such as managers, professionals, technicians and associate professionals, clerical support workers, service and sales workers, skilled trades, plant and machine operators and elementary workers.

Of the total workforce, approximately 423,922 were employed in the private sector (59%), and 293,084 in public service departments (41%). Over the longer term (2014–2025), the public sector recorded a slight annual decline of -0.5%, while the private sector grew strongly at 4.0% per year, resulting in an overall sector growth rate of 1.8% annually. In the shorter period between 2020 and 2025, public service employment contracted more sharply at -3.6% annually, while the private sector continued to grow at 2.5% per year. Overall sector employment remained relatively flat for this period, with a marginal annual decline of -0.3%.

This highlights the contrasting dynamics across the two sectors: a shrinking public service workforce alongside a steadily expanding private sector, which has become the primary driver of employment growth in health and social development.

FIGURE 5: TOTAL EMPLOYMENT IN THE HEALTH AND SOCIAL DEVELOPMENT SECTOR, 2013-2024



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Public Service	310 256	312 884	330 015	332 654	333 060	334 762	352 760	357 988	345 825	351 104	332 045	293 084
Private Sector	276 513	319 002	274 140	266 466	343 246	368 527	374 069	431 834	432 880	406 923	411 665	423 922

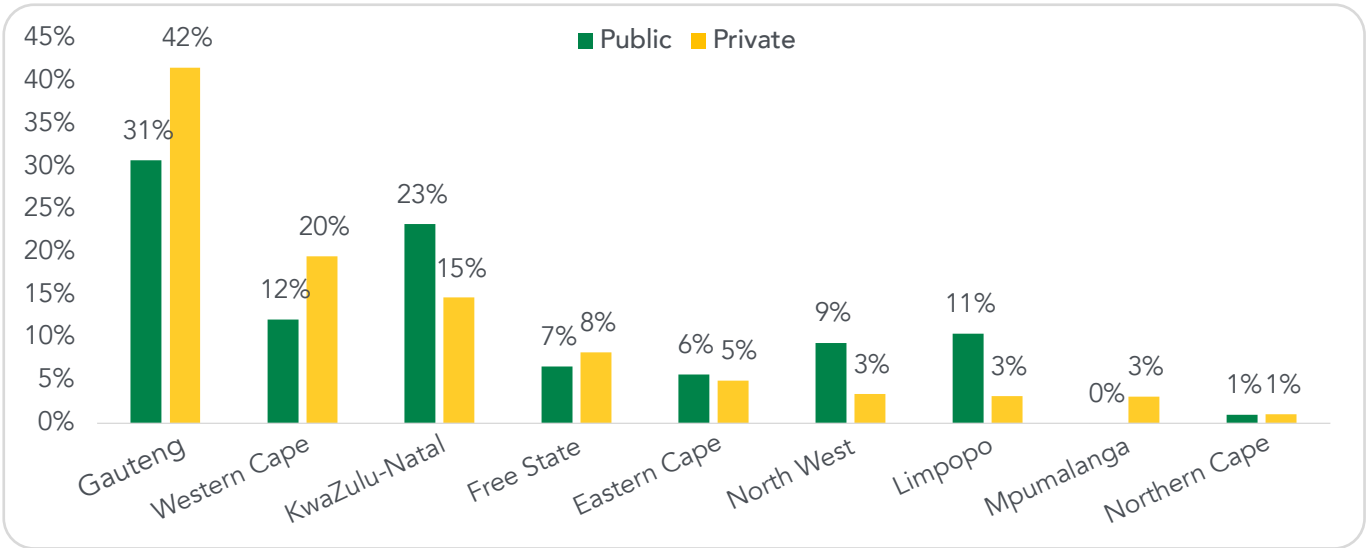
Source: Calculated from HWSETA and PSETA WSPs 2013 - 2025

1.5.3 Provincial distribution

Employment in the health and social development sector is concentrated in a few provinces, with clear differences between the public and private sectors. Gauteng accounts for the largest share in both sectors, with 31% of public employment and 42% of private employment, reflecting its role as the country's main economic and healthcare hub. Western Cape shows a stronger presence in the private sector (20%) compared with the public sector (12%), and KwaZulu-Natal has a greater share of public employment (23%) relative to its private sector contribution (15%). Other provinces, such as Free State (public 7%; private 8%), Eastern Cape (6% vs 5%), Limpopo (11% vs 3%) and North West (9% vs 3%), contribute smaller proportions, and rural provinces, Mpumalanga and Northern Cape, showing the lowest shares across both sectors.

This uneven distribution highlights the urban–rural divide in health and social development employment. Metropolitan provinces such as Gauteng and Western Cape dominate, largely because of demographic concentration, tertiary hospitals, training institutions and better service infrastructure, which attract healthcare professionals and support staff. Conversely, rural provinces face shortages linked to limited infrastructure and fewer employment opportunities.

FIGURE 6: PROVINCIAL DISTRIBUTION OF EMPLOYMENT BY SECTOR



Source: Calculated from HWSETA and PSETA WSPs 2025

1.5.4 Occupational distribution of employment

This section presents a comparative overview of employment distribution across occupational groups within the public service and private sector for 2024. The data reflects the number and proportion of employees in each occupational group, highlighting sectoral trends and workforce composition.

The occupational distribution highlights distinct structural patterns between the public service and the private sector (see table below). In the public service, the workforce is heavily concentrated in professionals (45%) and technicians and associate professionals (18%), together accounting for nearly two-thirds of all employees. By contrast, the private sector employs a smaller share of professionals (28%) but a larger proportion of technicians and associate professionals (28%), managers (8%) and clerical support workers (15%).

Across both sectors, professionals (35%) and technicians and associate professionals (24%) dominate the occupational profile, underscoring the critical demand for highly skilled roles. Meanwhile, categories such as service and sales workers (14%) and clerical support workers (13%) represent significant support functions. The smallest shares are observed in agricultural and trades workers, plant and machine operators and elementary occupations, which combined make up less than 10% of the total workforce.

This comparison illustrates that while the public service is more professional-intensive, the private sector is relatively more diverse, with stronger representation of managers, clerical roles and technical occupations, pointing to different skillset demands between the two sectors.

TABLE 3: PUBLIC SERVICE AND PRIVATE SECTOR EMPLOYMENT PER OCCUPATIONAL GROUP, 2024/25

OCCUPATIONAL GROUP	PUBLIC SERVICE		PRIVATE SECTOR		TOTAL SECTOR	
	NUMBER OF EMPLOYEES	%	NUMBER OF EMPLOYEES	%	NUMBER OF EMPLOYEES	%
Managers	9 693	3%	35 731	8%	45 424	6%
Professionals	131 462	45%	116 990	28%	248 452	35%
Technicians and associate prof	53 820	18%	119 154	28%	172 974	24%
Clerical support workers	30 732	10%	64 527	15%	95 259	13%
Service and sales workers	45 718	16%	57 396	14%	103 114	14%
Skilled agricultural, trades workers	1 481	1%	2 735	1%	4 216	1%
Plant and machine operators	1 967	1%	6 883	2%	8 850	1%
Elementary occupations	18 211	6%	20 408	5%	38 619	5%
Total	**293 084**	**100%**	**423 822**	**100%**	**716 906**	**100%**

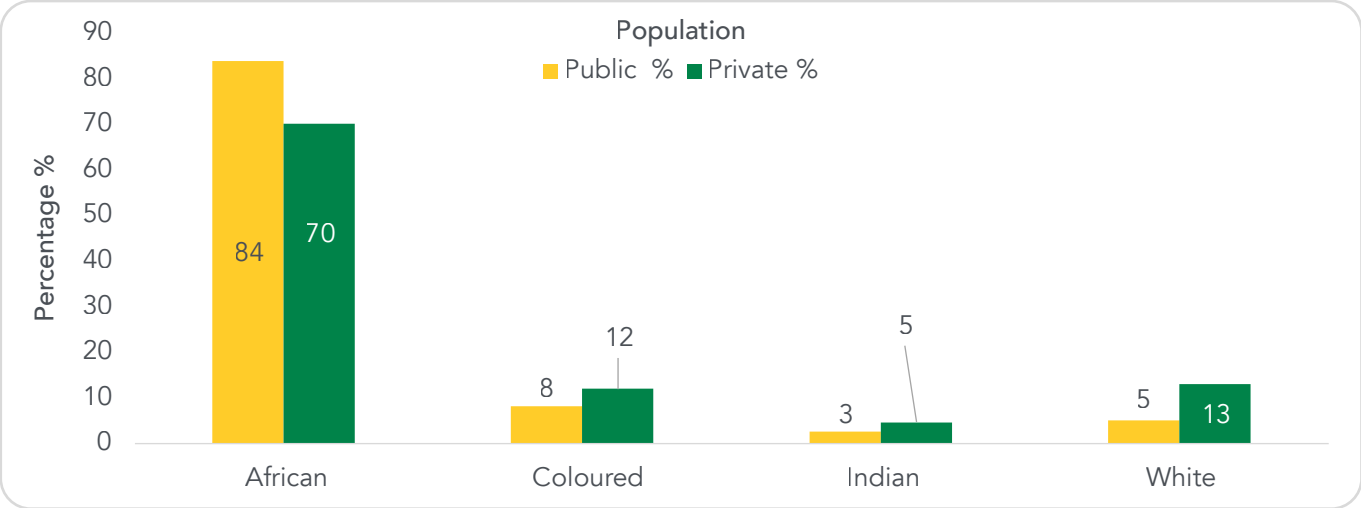
Source: Calculated from HWSETA and PSETA WSPs 2024/25

1.5.5 Population group

This section analyses the representation of different population groups within the public service and private sector workforces over time. Understanding these trends is essential for evaluating employment equity and transformation within both sectors.

The chart illustrates the racial distribution across the public and private sectors. Africans form the overwhelming majority, accounting for 84% in the public sector and 70% in the private sector. By contrast, Coloured (8% public, 12% private), Indian (3% public, 5% private) and White (5% public, 13% private) groups make up relatively small proportions of the workforce. This shows that the public sector is more heavily African-dominated and the private sector has a comparatively higher representation of Coloured, Indian and White employees.

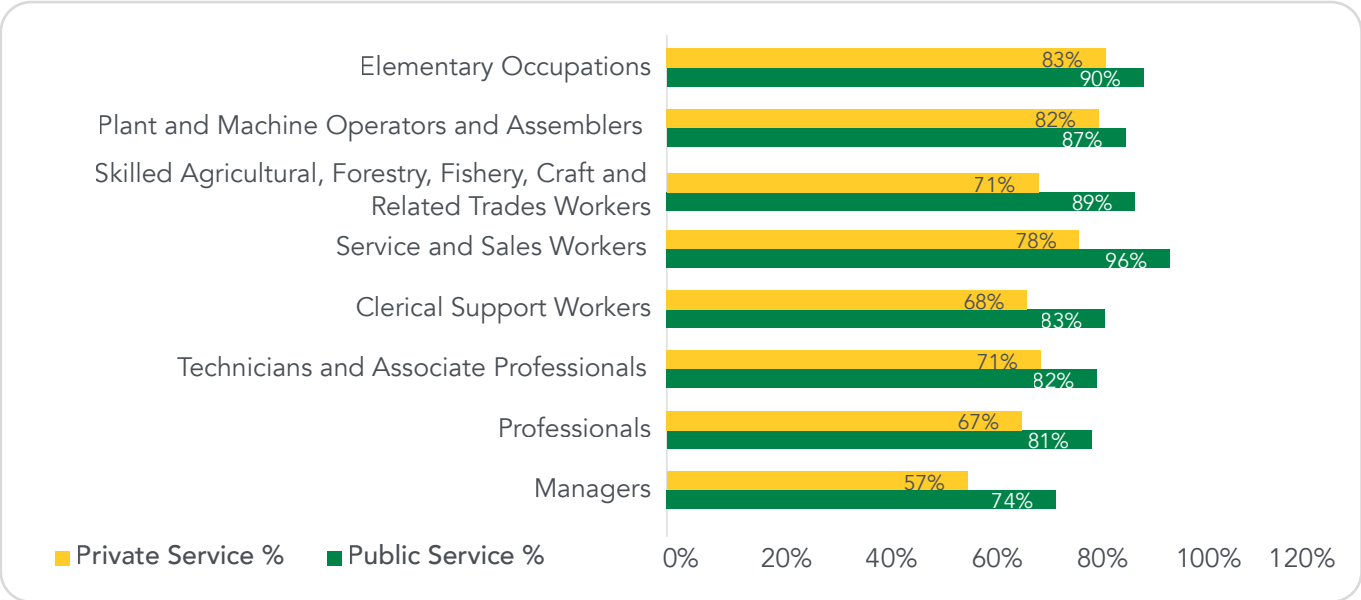
FIGURE 7: POPULATION GROUP OF EMPLOYMENT PER SECTOR PER YEAR



Source: Calculated from HWSETA and PSETA WSPs 2020 - 2025

Figure 8 below shows that African employees constitute the majority across all occupational groups, with their representation exceeding 70% in every category. Their presence is most pronounced in lower-level roles such as elementary occupations (90%), plant and machine operators (87%) and skilled agricultural and trades (89%), indicating a strong concentration in manual and semi-skilled work. However, Africans also dominate in mid-level categories, including service and sales (86%), clerical support (83%) and technicians and associate professionals (82%). Even in higher-level roles such as professionals (81%) and managers (74%), Africans remain the largest group, although their share is relatively lower compared with other occupations. This distribution suggests that while Africans are the backbone of the workforce across all skill levels, their participation is more heavily concentrated in lower- and mid-skilled occupations, with comparatively lower representation in managerial and professional levels.

FIGURE 8: PROPORTION OF AFRICAN EMPLOYEES ACROSS THE OCCUPATIONAL GROUPS



Source: Calculated from HWSETA and PSETA WSPs 2020-2025

1.5.6 Gender

This section examines gender representation within the public service and private sector over a 5-year period (2021–2025). Tracking gender distribution across sectors provides valuable insights into progress toward gender equity and inclusivity in the labour market.

The following table presents the proportion of male and female employees in each sector by year.

Between 2021 and 2025, the public service sector consistently maintained a strong female workforce presence, with women representing 72-74% of employees each year, while male employees accounted for 26-28%. In contrast, the private sector showed more fluctuation in gender distribution, with female representation ranging from 67% to 72% and male representation between 28% and 33%. Notably, male participation in the private sector increased from 28% in 2021 to 32% in 2024, and decreased to 28% in 2025, while female participation decreased correspondingly.

TABLE 4: GENDER REPRESENTATION IN PUBLIC SERVICE AND PRIVATE SECTOR

	GENDER	2021	2022	2023	2024	2024
PUBLIC SERVICE	Male	27%	27%	26%	27%	26%
	Female	73%	73%	74%	73%	74%
PRIVATE SECTOR	Male	28%	33%	29%	32%	28%
	Female	72%	67%	71%	68%	72%

Source: Calculated from HWSETA and PSETA WSPs 2024/25

The gender distribution in 2024/2025 across occupational groups in both the public and private health and social development sectors reveals a similar trend where females are in the majority in all occupations except for plant and machine operations (17%) and related trades (15%). This trend has been maintained for the past five years.

TABLE 5: GENDER DISTRIBUTION PER OCCUPATIONAL GROUP, 2024/2025

OCCUPATIONAL GROUP	MALE		FEMALE		TOTAL	
Public service	**N**	**%**	**N**	**%**	**N**	**%**
Managers	3913	40%	5780	60%	9693	100%
Professionals	28775	22%	102687	78%	131462	100%
Technicians and associate prof	13222	25%	40598	75%	53820	100%
Clerical support	10181	33%	20551	67%	30732	100%
Service and sales	13377	29%	32341	71%	45718	100%
Skilled agricultural, forestry, related trades	1209	82%	272	18%	1481	100%
Plant and machine operators and assemblers	1595	81%	372	19%	1967	100%
Elementary occupations	5002	27%	13209	73%	18211	100%
Private sector	**N**	**%**	**N**	**%**	**N**	**%**
Managers	23 253	65%	12 478	35%	35 731	100%
Professionals	91 122	78%	25 868	22%	116 990	100%
Technicians and associate prof	90 149	76%	29 005	24%	119 154	100%
Clerical support	44 375	69%	20 152	31%	64 527	100%
Service and sales	43 156	75%	14 239	25%	57 396	100%
Skilled agricultural, forestry, related trades	577	21%	2 157	79%	2 735	100%
Plant and machine operators and assemblers	1 297	19%	5 586	81%	6 883	100%
Elementary occupations	12 888	63%	7 520	37%	20 408	100%
Total sector	**N**	**%**	**N**	**%**	**N**	**%**
Managers	27 166	60%	18 258	40%	45 424	100%
Professionals	119 897	48%	128 555	52%	248 452	100%
Technicians and associate prof	103 371	60%	69 603	40%	172 974	100%
Clerical support	54 556	57%	40 703	43%	95 259	100%
Service and sales	56 533	55%	46 580	45%	103 114	100%
Skilled agricultural, forestry, related trades	1 786	42%	2 429	58%	4 216	100%
Plant and machine operators and assemblers	2 892	33%	5 958	67%	8 850	100%
Elementary occupations	17 890	46%	20 729	54%	38 619	100%

Source: Calculated from HWSETA and PSETA WSPs 2024, Medpages data 2024

1.5.7 Age distribution

This section explores the age distribution of employees across the public and private sectors over the 5-year period from 2020-2024. Analysing the age profile of the workforce is essential for understanding generational representation, succession planning and future labour market sustainability.

The table below presents the proportion of employees in three age categories: under 35, 35-55 and over 55. In 2025, the age distribution shows clear differences between the public and private sectors. The public sector has a predominantly mature workforce, with 67% of employees aged 35-55, compared with just 22% under 35 and 11% over 55. By contrast, the private sector has a relatively younger profile, with 34% under 35, over half (54%) in the 35-55 range and 11% over 55. Considering the total sector, employees aged 35-55 remain the majority (60%), while younger workers under 35 account for 29% and older workers over 55 make up 11%. This indicates that while both sectors rely most heavily on the 35-55 age group, the private sector draws more on younger employees, whereas the public sector remains more concentrated in mid-career staff.

TABLE 6: AGE DISTRIBUTION OF EMPLOYEES IN THE HEALTH AND SOCIAL DEVELOPMENT SECTOR, 2021-2025

	2021	2022	2023	2024	2025
Public sector	**%**	**%**	**%**	**%**	**%**
Younger than 35	26	26	24	24	22
35 to 55	63	63	65	64	67
Older than 55	11	11	10	12	11
Total	100	100	100	100	100
Private sector	**%**	**%**	**%**	**%**	**%**
Younger than 35	35	40	33	35	34
35 to 55	50	49	54	55	54
Older than 55	15	11	13	11	11
Total	35	40	33	35	100
Total sector	**%**	**%**	**%**	**%**	**%**
Younger than 35	31	30	29	29	29
35 to 55	56	57	59	59	60
Older than 55	13	13	12	12	11
Total	100	100	100	100	100

Source: Calculated from HWSETA and PSETA WSPs 2021-2025

From 2021 to 2025, the age distribution across occupational groups in the HWSETA sector continues to reflect a mature workforce dominated by employees aged 35-55, with younger workers (<35) showing moderate participation and older employees (>55) remaining a smaller but stable group. Among managers, the share of employees under 35 rose to a peak of 31% in 2023 but declined back to 25% in 2025. The 35-55 age group maintained dominance throughout, fluctuating between 56% and 60%, while the proportion over 55 declined initially but rebounded slightly to 16% by 2025, suggesting limited rejuvenation at leadership levels. For professionals, the 35-55 cohort remained consistently high at 58-59%, while younger professionals maintained a steady presence, rising slightly from 28% in 2021 to 30% in 2025. The over-55 category, in contrast, dropped from 14% to 11% by 2025. Among associate professionals, the under-35 group was strongest in 2021-2022 (34-35%) but declined to 30% in 2025, while the 35-55 cohort expanded to 60% by 2025. Older workers in this group decreased from 12% to 10%.

Overall, these patterns confirm the centrality of the 35-55 age group across occupations, with only slight gains for younger professionals and a modest rebound of older managers, pointing to an overall stable but ageing mid-career workforce.

TABLE 7: AGE DISTRIBUTION PER OCCUPATION GROUP, 2021-2025

	2021	2022	2023	2024	2025
Managers	%	%	%	%	%
Younger than 35	25	25	31	28	25
35 to 55	57	60	56	58	59
Older than 55	18	15	13	14	16
Professionals	%	%	%	%	%
Younger than 35	28	30	26	29	30
35 to 55	58	58	59	58	59
Older than 55	14	12	15	13	11
Associate professionals	%	%	%	%	%
Younger than 35	34	35	29	29	30
35 to 55	54	54	62	60	60
Older than 55	12	11	9	11	10

Source: Calculated from HWSETA and PSETA WSPs 2021-2025

1.5.8 Disability

This section outlines the representation of employees with disabilities across various occupational groups from 2020 to 2024. Promoting inclusivity and ensuring equitable employment opportunities for persons with disabilities remain critical goals in both public and private sector workforce strategies.

The table below shows the proportion of employees with disabilities in each occupational category. Analysis shows that the proportion of workers in the health and social development sector remained the same (1%) from 2021 to 2025. These patterns highlight the need for targeted interventions to enhance disability inclusion in both low- and high-skill occupations, ensuring broader representation across the HWSETA sector.

TABLE 8: DISABILITY DISTRIBUTION PER OCCUPATION IN THE HEALTH AND SOCIAL DEVELOPMENT SECTOR, 2021-2025

	2021	2022	2023	2024	2025
Disability	**%**	**%**	**%**	**%**	**%**
Managers	8	11	9	9	11
Professionals	21	24	21	29	19
Technicians and associate professions	18	15	16	16	20
Clerical support	34	29	31	25	31
Service and sales	11	13	13	15	8
Skilled agricultural, forestry, fishery, craft and related trades	1	1	2	2	1
Plant and machine operators and assemblers	2	1	1	1	5
Elementary occupations	6	5	6	4	5
% of total employment	**1**	**1**	**1**	**1**	**1**

Source: Calculated from HWSETA and PSETA WSPs 2021-2025

1.6 Conclusion

The HWSETA sector is vast, diverse and integral to the effective functioning of South Africa's health and social development systems. It spans a wide range of economic activities, captured across multiple SIC codes. It brings together both human and animal health services, social work, community development and regulatory functions. The sector is supported by a broad network of stakeholders, including government departments, NGOs, professional bodies, educational institutions and research entities, all playing distinct yet interconnected roles in achieving national development outcomes.

The employer profile reveals a strong public sector presence alongside a predominantly small-scale private sector. Meanwhile, NPOs serve as critical service providers, particularly within underserved and vulnerable communities, despite facing numerous operational challenges. The modest but steady growth in SDL contributions and the persistent gap in WSP submissions signal the need for enhanced employer engagement and system improvements.

Overall, the sector's complexity and reach underscore the importance of targeted, inclusive and coordinated skills development strategies. A nuanced understanding of this profile is essential to ensure that future interventions are evidence-based, responsive to stakeholder needs and aligned with the broader objectives of national health, welfare and economic growth.

TWO

CHAPTER 2: KEY SKILLS CHANGE DRIVERS

2.1 Introduction

This chapter identifies key drivers of change affecting the demand and supply of skills in South Africa's health and social development sectors. Using data from policy documents and labour reports, it highlights factors such as technology, undersupply of qualified professionals, mental health and employee wellness and changes in legislations and the regulatory environment. The aim is to assess how these trends impact skills needs and inform future workforce development.

2.2 Impact of technology & changing nature of work on occupations

The health, social development and veterinary sectors have undergone occupational changes driven by rapid technological advancements in recent years. From digitisation and tele-services during the COVID-19 pandemic to the rise of AI, these factors have reshaped job roles and skill requirements.

The human health sector has seen a surge in telemedicine and digital healthcare, fundamentally changing how health professionals work. During the pandemic, remote consultations and virtual care became mainstream, and they remain an essential part of modern healthcare delivery. Beyond patient consultations, healthcare providers increasingly rely on remote monitoring tools (such as wearable sensors) to track chronic patients' vital signs in real time, enabling proactive interventions and reducing emergency visits (whatsonincapetown, 2025).

Advances in AI and automation are also transforming clinical roles. In fields such as radiology and dermatology, AI systems can now assist in certain diagnostic tasks such as identifying blood clots in the pulmonary arteries and detecting early breast cancers (scpradiology, 2025). Rather than replacing professionals, these tools are changing the nature of their work.

In the social development sector, a significant change has been the adoption of remote and digital service delivery in what is traditionally a face-to-face profession. Studies confirm that remote interventions can be effective. For instance, school-based counsellors in South Africa found that online therapy is a viable option for supporting students, provided therapists have adequate digital resources (Waaria, Coleman, & Chadambuka, 2023).

2.3 Factors affecting skills demand & supply

This section outlines the main factors influencing the demand for and supply of skills in the health and social development sectors. These factors shape how work is delivered, the types of skills required and the capacity of the workforce to respond.

Key factors include:

- Economic challenges (fiscal constraint)
- Workforce shortage
- Technology (4IR)

TABLE 9: CHANGE DRIVERS AND THEIR IMPLICATIONS

CHANGE DRIVER	DESCRIPTION	DEMAND-RELATED IMPLICATIONS	SUPPLY-RELATED IMPLICATIONS
Economic challenges (fiscal constraints)	• Public health and social development sectors are experiencing growing fiscal pressure, with budget allocations failing to keep pace with inflation and rising service demands. Although National Treasury allocated R267.3 billion to health in 2023/24, with gradual increases projected over the next three years, these represent an average nominal growth of just 3.4%, well below the projected inflation rate of 4.7% over the same period (BusinessTech, 2025). • The number of medical graduates from South African universities increased by 60% in the past decade in order to address the shortage of doctors in government hospitals and clinics, however the National Treasury has not increased provincial health departments' budgets at the same pace (Bhekisisa, 2024).	• South Africa's health, welfare and veterinary sectors face rising demand for professionals; however, fiscal constraints at national and provincial levels are preventing this demand from being met through employment. From a skills planning perspective, this presents a serious disconnect between the supply of qualified professionals and the system's capacity to absorb them.	• Fiscal constraints impact the availability of government-funded bursaries and grants, leading to fewer funded students. This threatens the future supply of qualified professionals in the sector. While the supply of students has been increasing over the recent past, it is not enough to meet the pace of the current demand for health, social and veterinary trained or qualified personnel. • Supply planning must lobby for continued or alternative funding (e.g. public-private partnerships) to maintain output of graduates in priority fields and to absorb graduates into the workforce. • Similarly, fiscal constraints can hinder the expansion and maintenance of training facilities, which in turn affects the quality of graduates entering the workforce.
Workforce shortage	• South Africa faces a severe shortage of professional nurses. The nurse-to-patient ratio stood at one nurse for every 218 patients in recent years (IOL, 2023). • In the veterinary services sector, there is a critical shortage of qualified veterinarians with only 68 qualified veterinarians per million people, a figure that is below the international benchmark of 200 to 400 veterinarians per million people. There is a high number of vacant state veterinary posts at both national and provincial level (IOL, 2025). • Key disease control functions, such as managing outbreaks of foot-and-mouth disease, legally require the intervention of licensed veterinarians or, in some instances, veterinary para-professionals (IOL, 2025). • The shortage is compounded by the emigration of South African veterinarians seeking better opportunities abroad, reducing the pool of both private and state-employed vets (Mail & Guardian, 2024).	• Higher demand for nurses, doctors, and veterinarians, particularly in the public sector and in rural areas. Occupations such specialist nurses (e.g., ICU, midwifery), mental health professionals, and laboratory technicians are in high demand to address disease burdens. • There is an urgent need for more qualified veterinarians to manage high-risk animal diseases. A lack of qualified veterinarians means that that the responsibilities of the few veterinarians in service have expanded, leading to increased workloads and professional burnout, which in turn results in the sector losing professionals to higher-paying opportunities abroad. This reduces the available pool of practitioners, further inflating domestic demand.	• The primary bottleneck lies in South Africa's limited veterinary education infrastructure. Currently, the University of Pretoria is the only institution offering veterinary degrees, producing approximately 150 veterinary surgeons and 30 veterinary nurses annually, a figure that is insufficient to meet sector needs. To address this, the SAVC has called for the establishment of additional veterinary faculties. • Skills supply planning must focus not only on scaling veterinary degree programmes but also on expanding accredited mid-level qualifications (i.e., para-veterinary professionals such as Animal Health Technicians) aligned with service delivery needs.

CHANGE DRIVER	DESCRIPTION	DEMAND-RELATED IMPLICATIONS	SUPPLY-RELATED IMPLICATIONS
Technology (4IR)	• The use of digital health tools is widespread, with implementation and progress varying across hospitals. These tools include hospital information systems, electronic health records, telemedicine platforms and mobile health applications. Additionally, virtual health services such as teleconsultation and e-prescription have become more widely used in the sector (Steenkamp et al., 2025). • Social development services are adopting digital platforms to reach clients. During the COVID-19 pandemic, many social workers shifted to online engagement as face-to-face services became limited and this practice continues **Invalid source specified.** • Telemedicine is emerging in veterinary care. Through video calls, messaging (even WhatsApp) and dedicated apps, pet owners and farmers can consult veterinarians remotely for advice, follow-ups and triage **Invalid source specified.**	• Rising demand for healthcare and social development workers adept at virtual care delivery and digital communication. Existing roles (doctors, nurses) are evolving to include teleconsultations, and new roles like telemedicine coordinators and call-centre clinicians are emerging. • Increased demand for healthcare managers with digital capacity and readiness (Steenkamp et al., 2025) • The emergence of telemedicine will require veterinarians to acquire skills such as strong client communication skills and proficiency with telemedicine software. • Rising demand for health professionals who can work alongside AI – e.g. radiologists able to validate AI-detected findings, doctors and nurses who can interpret AI risk predictions and health informaticians to manage AI systems (ITNA, 2025)	• Training institutions must integrate telehealth competencies (platform use, online etiquette, data management) into curricula. • Training programmes and standards are being updated to reflect the need for digital skills among professionals. The SA Council for Social Service Professions (2020) in its general notice requires social workers to keep up to date with emerging technology and undertake training in e-social work to ensure competent and ethical online practice. • Health education and training systems are pivoting to integrate digital health literacy. Training programmes now need to cover data science basics, digital health and ethics of AI use for example, teaching medical students how an AI triage system works and when to trust or question its recommendations.

The healthcare and social development sectors face multiple, interlinked challenges that impact both the demand for and supply of skills. Addressing these change drivers will require coordinated efforts to expand training capacity, align workforce planning with sector needs and invest in both technological and mental health readiness.

2.4 Policy frameworks affecting skills demand & supply

This section outlines the key national policies and legislative frameworks influencing skills demand and supply within the health and social development sectors. These policies shape the strategic priorities and regulatory context in which HWSETA operates. The table below highlights the most relevant frameworks and summarises their implications for HWSETA's skills planning, programme development and stakeholder engagement.

TABLE 10: POLICY FRAMEWORKS AND THEIR IMPLICATIONS

NATIONAL PLANS/ STRATEGIES	SKILLS DEMAND IMPLICATIONS	SKILLS SUPPLY IMPLICATIONS	HWSETA'S RESPONSE TO SKILLS IMPLICATIONS
NSDP 2030: Provides long-term direction for skills development, with an emphasis on demand-driven occupational training and public sector readiness (DHET, 2019). Aligned and embedded to the NDP.	• Requires SETAs to identify occupations in high demand and align programmes accordingly. • Demand for PIVOTAL programmes in clinical health, social services and animal health remains high.	• SETAs must build stronger pathways between education and workplace entry. • Expansion of public colleges and support for worker-initiated training.	• Emphasising demand-driven training, HWSETA funded over 10,000 learners in 2023/2024, with a focus on workplace-based learning and occupational training programmes (HWSETA, 2024).

NATIONAL PLANS/ STRATEGIES	SKILLS DEMAND IMPLICATIONS	SKILLS SUPPLY IMPLICATIONS	HWSETA'S RESPONSE TO SKILLS IMPLICATIONS
Medium-Term Development Plan (MTDP) 2024–2029: Priorities 1,2, and 3 (MTDP, 2025).	• Increased demand for frontline health, social and animal health professionals aligned to public service delivery mandates.	• Increased training capacity to strengthen the professional pipeline for critical public service functions.	• Integrate MTDP to NSDP and HWSETA organisational outcomes to prioritise bursary programme interventions (undergraduate degrees, postgraduate diplomas, and postgraduate degrees) to produce high-level qualification skills for professionals.
	• Increased demand for upskilling training programmes to protect existing jobs.	• Increased training capacity and number of trainees for upskilling the workforce to acquire new competencies for productivity and quality service provisioning.	• Escalate funding of short learning programmes (skills programmes and short-course offerings) to ensure the workforce is appropriately trained and productive in a constantly changing environment with increasing expectations for quality service delivery.
White Paper for Social Development & Sector Strategy for Employment of Social Service Practitioners: Aims to address critical shortages in social service professionals, creating 55,000 new posts across sectors (DSD, 2024).	• Increased demand for social workers, social auxiliary workers, child and youth care workers, and community development practitioners	• Requires scaling up of education and training programmes for social service professions	• HWSETA funds learnerships and bursaries for social service professionals, especially to increase the supervisory capacity of the social service professionals. • HWSETA works with the SA Council for Social Service Professions (SACSSP) to support the professionalisation and registration of practitioners and collaborates with training providers to expand capacity in social service education.
National Human Resources for Health Strategy 2025–2030: Addresses health workforce shortages by promoting the production and equitable distribution of skilled health professionals (DOH, 2025).	• Increased demand for general practitioners, nurses, pharmacists, CHWs and clinical associates, particularly in rural and underserved areas.	• Necessitates the expansion of training capacities for health professionals. • Requires development of curricula aligned with primary healthcare and rural health needs.	• HWSETA has aligned its funding to support the training of nurses, CHWs and other mid-level health workers. It collaborates with accredited institutions to expand training in primary healthcare and rural outreach programmes.
National Mental Health Policy Framework and Strategic Plan 2023–2030: Integrates mental health into primary care, requiring a broader and better-trained mental health workforce (Department of Health, 2023).	• Increased demand for psychiatric nurses, psychologists, social workers, lay counsellors and peer support workers.	• Requires increased training for mental health professionals: psychologists, psychiatric nurses, counsellors, social workers.	• HWSETA supports CPD programmes in trauma counselling and psychiatric care. It funds mental health-related qualifications and expands partnerships with NGOs for clinical placements.
National Digital Health Strategy 2024–2029: Drives digital transformation in healthcare, requiring upskilling of health professionals in digital competencies (Department of Health, 2024).	• Growing need for health informatics specialists, telemedicine practitioners, and data analysts.	• Necessitates the expansion of digital skills for health workers, including informatics and telehealth. • Development of digital literacy and data security training programmes. • Capacity-building for implementation of national electronic health systems.	• HWSETA funds bursaries and learnerships for social service professionals. It works with the SACSSP to support the professionalisation and registration of practitioners and collaborates with training providers to expand capacity in social service education.

2.5 Conclusion

South Africa's health and social development sectors face significant skills shortages driven by rising service demands and persistent economic and workforce challenges. Addressing these issues requires urgent investment in training, expanded scope of practice and targeted upskilling – especially in rural areas, digital health and mental wellness. HWSETA's role remains critical in aligning skills development with national priorities under the NSDP and MTDP to build a sustainable, capable workforce.

THREE

CHAPTER 3: OCCUPATIONAL SHORTAGES & SKILLS GAPS

3.1 Introduction

This chapter begins by identifying and discussing occupations in which occupational shortages are experienced, as well as the skills gaps that persist in the workforce. The second section describes the extent and nature of the skills supply to the sector. This is followed by an explanation of HWSETA's Sectoral Priority Occupations and Intervention (SPOI) list. Sources are data from PSETA and HWSETA WSPs, HEMIS data from DHET and data from various professional bodies in the sector.

3.2 Hard-to-fill vacancies

Out of 1,563 organisations that submitted WSP/ATRs in 2024/25, only 325 (21%) reported on HTFVs. Notably, 93% of HTFVs were reported by the private sector, underscoring greater labour market pressure outside the public domain. The table below displays the HTFV according to occupations as reported by the 325 organisations that submitted their WSP/ATR and responded to HTFV questions in 2024/25. It further shows that in 2024/25, there were 58 occupations with 20 or more HTFVs accounting for a total of 19 466 vacancies. The emergence of clerks, secretaries and ICT personnel in the HTFV is directly linked to the external skills change driver in Chapter 2, namely the technology (4IR). Thus, these occupations are crucial and require closer monitoring.

TABLE 11: HARD-TO-FILL VACANCIES ACCORDING TO OCCUPATION FROM 2024/25

OFO CODE	OCCUPATION	SECTOR			REASON FOR HARD-TO-FILL						
		PRIVATE	PUBLIC	GRAND TOTAL	LIMITED AMOUNT TRAINED/ RECRUITMENT POOL BECOMING SMALLER/LIMITED SUPPLY OF SUCH SKILLS	OCCUPATIONAL CERTIFICATE REQUIREMENTS AND TRAINING FEE CONCERNS	LACK OF RELEVANT QUALIFICATIONS	LACK OF EXPERIENCE	LACK OF FUNDING	POOR REMUNERATION/ HIGH SALARY EXPECTATIONS/ INSUFFICIENT FUNDS TO INCREASE OR PAY SALARY	LACK OF SKILLS IN PROVINCE
222101	Clinical nurse practitioner	4369	237	4606	X	x					
322101	Enrolled nurse	4291		4291	x				x		
222108	Registered nurse (medical)	2889	12	2901	x	x	x				
323102	Ancillary health care worker	1706		1706			x				
222111	Registered nurse (operating theatre)	648	41	689	x	x	x	x			
222117	Midwife	138	370	508			x				x
325801	Ambulance officer	505		505							
226203	Retail pharmacist	415		415	x	x		x			
222116	Nurse manager	295		295			x	x			
222110	Registered nurse (mental health)	218	22	240				x			
221210	General medicine specialist physician	8	230	238	x		x			x	
422901	Admissions clerk	222		222							
431101	Accounts clerk	214		214	x						
432101	Stock clerk / officer	210		210							
222105	Registered nurse (critical care and emergency)	147	56	203	x			x		x	
422602	Medical receptionist	159		159							
325802	Intensive care ambulance paramedic / ambulance paramedic	136	9	145							
812904	Sterilisation technician	135		135							
222114	Nurse educator	127		127							
226201	Hospital pharmacist	111	10	121	x		x	x			
422601	Receptionist (general)	114		114							
222103	Registered nurse (child and family health)	7	66	73	x	x	x				
222104	Registered nurse (community health)	62	2	64			x				
325101	Dental assistant	60	4	64							
325201	Health information manager	63		63							
321107	Operating theatre technician	63		63							
134916	Non-manufacturing operations foreman		61	61						x	
121101	Finance manager	59	1	60				x	x	x	
241101	General accountant	57		57							
441601	Human resources clerk	54		54					x		

OFO CODE	OCCUPATION	SECTOR			REASON FOR HARD-TO-FILL						
		PRIVATE	PUBLIC	GRAND TOTAL	LIMITED AMOUNT TRAINED/ RECRUITMENT POOL BECOMING SMALLER/LIMITED SUPPLY OF SUCH SKILLS	OCCUPATIONAL CERTIFICATE REQUIREMENTS AND TRAINING FEE CONCERNS	LACK OF RELEVANT QUALIFICATIONS	LACK OF EXPERIENCE	LACK OF FUNDING	POOR REMUNERATION/ HIGH SALARY EXPECTATIONS/ INSUFFICIENT FUNDS TO INCREASE OR PAY SALARY	LACK OF SKILLS IN PROVINCE
331201	Credit or loans officer	51		51							
671101	Electrician	46	3	49				x			
862202	Handyperson	45		45							
321201	Medical technician	42	2	44				x			x
321101	Medical diagnostic radiographer	6	37	43				x		x	
412101	Secretary (general)	42		42							
532902	Hospital orderly	42		42							
351201	ICT communications assistant	37		37							
422202	Outbound contact centre consultant	36		36							
252301	Computer network and systems engineer	33		33							
222107	Registered nurse (disability and rehabilitation)	4	29	33			x	x			
515103	Commercial housekeeper										
121201	Human resource manager	31		31			x	x	x	x	
213110	Medical scientist	28	3	31	x		x				
226902	Occupational therapist	6	23	29				x			
225101	Veterinarian	28		28	x		x				x
221209	Radiologist	15	13	28	x						
242303	Human resource adviser	27		27							
321206	Medical technologist	26		26							
321104	Sonographer	13	12	25	x						
142103	Retail general manager	25		25			x			x	x
222113	Paediatrics nurse		25	25							
221101	General medical practitioner	13	11	24				x			x
334302	Personal assistant	24		24							
221211	Surgeon	21	2	23		x					
212103	Statistician	21		21							
251101	ICT systems analyst	21		21							
264103	Technical writer	20		20							
Total	58 occupations with 20 or more HTFV	18185	1281	19466							
	Other occupations with <20 HTFV	1642	164	1806							
	Overall total of HTFV	19827	1445	21272							

Sources: Calculated from HWSETA private sector WSP submissions (2024/25) and PSETA public sector WSP submissions (2024/25).

The table below summarises the reasons why HTFVs are difficult to fill in 2024/25. The main reasons are listed in their order of prominence.

Overall, occupational shortages are primarily caused by problems on the supply-side of the labour market due to a lack of qualified and experienced personnel. This emanates from limited training, resulting in increased demand for salaries of occupations essential for service provisioning, thus employers fail to match the market-related salary scale. Limited training is exacerbated by not having enough training-accredited spaces to produce (supply) at the pace of labour market demand in the sector. In these circumstances, remote locations suffer the most from limited supply given less infrastructure and budget to match labour market demand for occupations in need of service provisioning.

TABLE 12: REASONS FOR HARD-TO-FILL BY HTFV DRIVER CATEGORY, 2024/25

HTFV REASONS	HTFV DRIVER CATEGORY
Limited amount trained/recruitment pool becoming smaller/Limited supply of such skills	Supply-side
Lack of relevant qualifications	Supply-side
Lack of Experience	Supply-side
Poor remuneration/high salary expectations/insufficient funds to increase or pay salary	Demand-side
Occupational certificate requirements and training fee concerns	Supply-side
Lack of skills in the province	Supply-side
Lack of funding	Demand-side

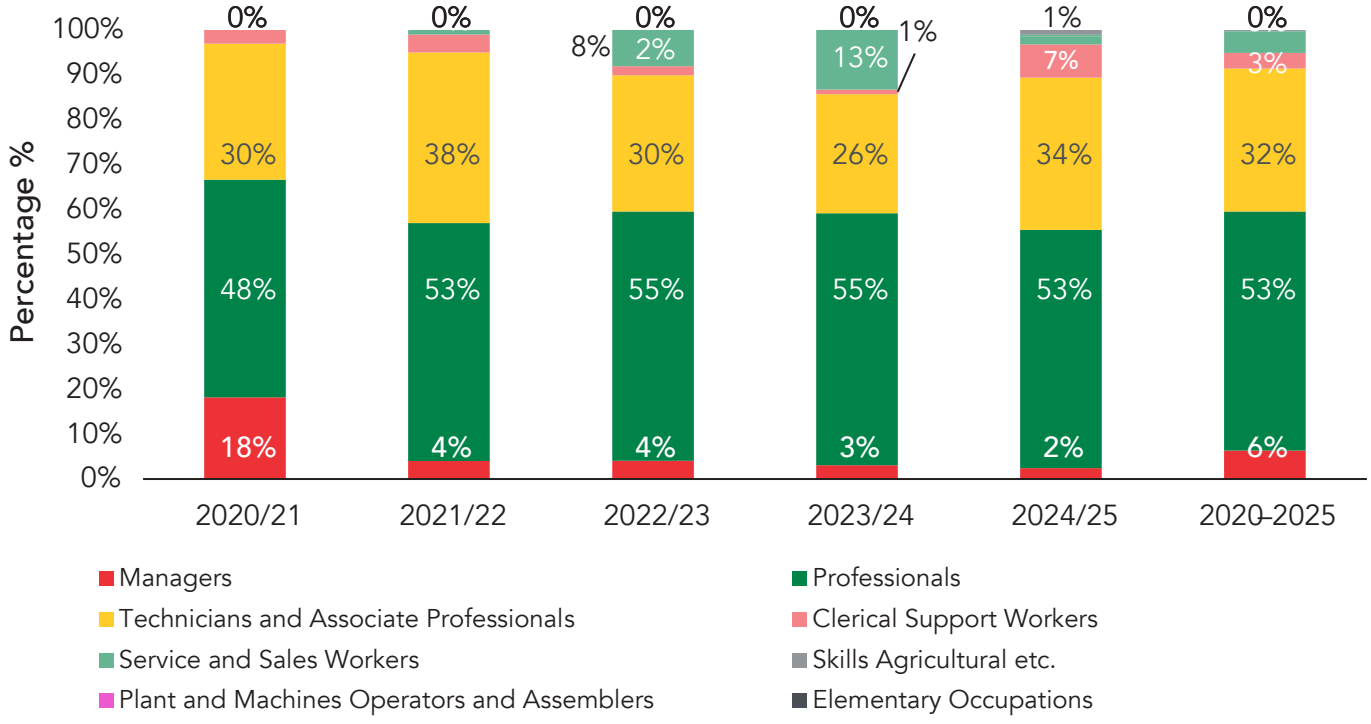
Sources: Calculated from HWSETA (2024/25) and PSETA (2024/25) WSP submissions.

To establish trends of the HTFVs in the sector, the Organising Framework for Occupations (OFO) lens was used to analyse HTFV data at aggregate level using both OFO major group and OFO unit group classifications.

Professionals consistently made up the largest share of HTFVs (averaging 53%), reflecting ongoing shortages in high-skill roles, such as technicians and associate professionals, which were the second-largest group, showing fluctuation but increasing to 34% in 2024/25, highlighting renewed demand (see figure below).

A key shift in this year's data is a surge in clerical support workers, which rose to 7% in 2024/25, their highest level in five years, indicating growing administrative staffing needs. In contrast, service and sales workers declined sharply from 13% in 2023/24 to just 2% in 2024/25, suggesting stabilisation or shifting employer priorities. Managers declined from a COVID-era peak of 18% in 2020/21 to 2% in 2024/25, while all other occupations consistently accounted for less than 1% of HTFVs, pointing to limited reported demand or underreporting in those areas.

FIGURE 9: HTFVS BY OCCUPATIONAL MAJOR GROUP FROM 2020/21 TO 2024/25



Sources: Calculated from HWSETA (2021 -2025) and PSETA (2021 -2025) WSP submissions.

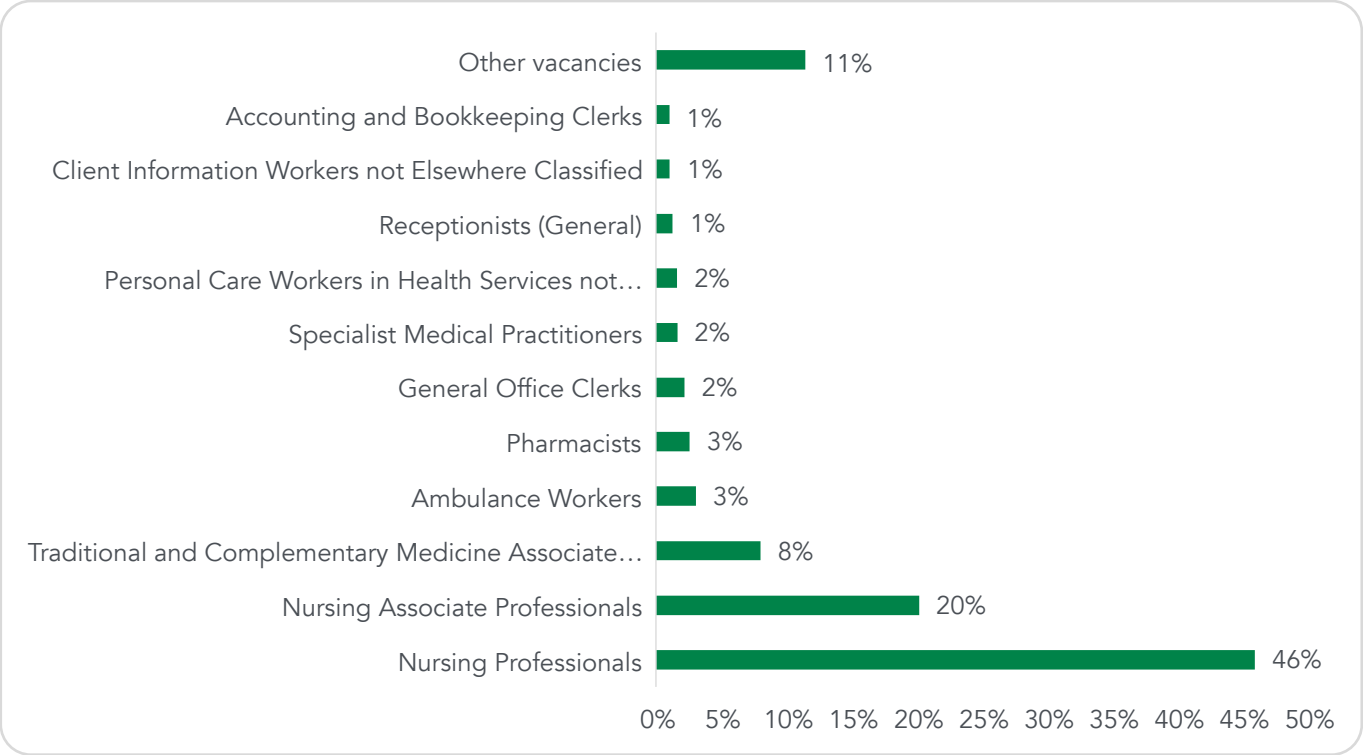
When using the OFO unit groups clustered under the fourth level, the graph below shows that seven-unit groups account for 83% of all HTFVs reported from 2024/25 (see figure below). These groups, in order of prominence, are:

Nursing professionals (46%), nursing associate professionals (20%), traditional and complementary medicine associate professionals (8%), ambulance workers (3%), pharmacists (3%), general office clerks (2%), specialist medical practitioners (2%).

This confirms that the national shortage of nurses remains the most critical workforce challenge, with nursing professionals and nursing associate professionals alone accounting for two-thirds (66%) of all HTFVs. Other essential health and administrative roles also reflect smaller but persistent shortages. The data further highlights demand for support personnel in emergency response, pharmacy services, and health system coordination, pointing to the need for targeted investments in both clinical and supportive healthcare training pipelines.

Further analysis of occupational demand trends reveals notable shifts in HTFV unit groups across different phases of the COVID-19 period. Six unit groups, including ICT service managers, generalist and specialist medical practitioners, social work professionals and imaging technicians, experienced high demand during the pandemic but have shown declining relevance post-COVID-19, suggesting their demand is cyclical and may rise again during large-scale health interventions such as the phased rollout of the NHI.

FIGURE 10: DISTRIBUTION OF HTFV BY OFO UNIT GROUPS, 2024/25



Sources: Calculated from HWSETA (2024/25) and PSETA (2024/25) WSP submissions.

3.3 Skills gaps

The difference in the skills required for the job and the actual skills possessed by the employees is called a skills gap. In the research for the SSP and during engagements with stakeholders in the sector, skills gaps at different levels were identified.

3.3.1 Skills gaps in the health & social sector

The planned training data collected through HWSETA's WSP/ATR system provides valuable insights into skills gaps across the health and social development sector.

It is important to note that the skills gaps identified are not occupation-specific in the narrow sense but rather reflect challenges at the occupational major group level (as defined by the OFO framework). These occupational groups span multiple sub-sectors and job roles. Therefore, the reported skills gaps in the table below reflect broader systemic

and transversal issues within various sub-sectors (e.g. public health, social services, mental health, emergency care and support services), rather than pinpointing shortages tied to individual OFO-coded occupations. In the main, analysis of both public and private planned training from the WSP/ATR 2024/25 submission shows that 94% of training is non-credit-bearing (i.e. short courses) with only 6% of skills programmes being credit-bearing. The latter are predominantly from the public sector.

The table below compares top skills gaps across public and private sector occupations by OFO codes. Although management roles show shared gaps such as leadership and financial management, most skills gaps are concentrated in frontline and technical roles. Across both sectors, commonly needed skills include computer literacy, first aid/ emergency response and safety compliance. However, the public sector shows a stronger focus on governance and administrative skills while the private sector prioritises business-specific needs such as legal compliance, commercial skills and customer service. These findings emphasise the need for tailored, sector- and occupation-specific training, particularly for technical, clerical and service-level roles, to effectively address skills shortages.

TABLE 13: SKILL GAPS IN THE MOST DOMINANT OCCUPATIONS PLANNED FOR TRAINING IN EACH OFO MAJOR GROUP AND SUB-SECTOR

OFO MAJOR GROUP	PUBLIC			PRIVATE		
	OFO CODE	OCCUPATION	TOP 3 SKILLS GAPS	OFO CODE	OCCUPATION	TOP 3 SKILLS GAPS
2021-1 Managers	2021-134201	Medical Superintendent	Leadership and management skills	2021-142103	Retail General Manager	Financial management
	2021-121101	Finance Manager	Public sector governance and administration	2021-121905	Programme or Project Manager	Legal and compliance
	2021-121201	Human Resource Manager	Financial management	2021-121901	Corporate General Manager	Computer literacy
2021-2 Professionals	2021-222108	Registered Nurse (Medical)	Computer literacy	2021-263501	Social Counselling Worker	Human resources
	2021-221101	General Medical Practitioner	First aid/ emergency response	2021-222108	Registered Nurse (Medical)	First aid/ emergency response
	2021-222116	Nurse Manager	Leadership and management skills	2021-222104	Registered Nurse (Community Health)	Employee wellness and mental health
2021-3 Technicians and professionals	2021-322101	Enrolled Nurse	Computer literacy	2021-322101	Enrolled Nurse	Basic life support
	2021 - 325601	Clinical Associate	First aid/ emergency response	2021-732203	Emergency Vehicle Drivers	First aid/ emergency response
	2021-334102	Office Administrator	Public sector governance and administration	2021-334101	Office Supervisor	Safety and compliance
2021-4 Clerical Support Workers	2021-411101	General Clerk	Computer literacy	2021-413201	Data Entry Operator	Legal and compliance
	2021-441501	Filing or Registry Clerk	Information management	2021-431203	Statistical Clerk	Human resources
	2021-431101	Accounts Clerk	Financial management	2021-441903	Programme or Project Administrators	Computer literacy
2021-5 Service and Sales Workers	2021-532902	Hospital Orderly	Computer literacy	2021-532202	Aged or Disabled Carer	First aid/ emergency response
	2021-532903	Nursing Support Worker	First aid/ emergency response	2021-532902	Hospital Orderly	Safety and compliance
	2021-515103	Commercial Housekeeper	Safety and compliance	2021-522301	Sales Assistant (General)	Customer service
2021-6 Skilled Agricultural, forestry, fishery, craft and related trades workers	2021-642601	Plumber	Computer literacy	2021-661502	Optical Mechanic	Commercial skills (product functionality and knowledge)
	2021-611302	Landscape Contractor	Safety and compliance	2021-641501	Carpenter and Joiner	Safety and compliance
	2021-671101	Electrician	Change management skills	2021-672206	Communications Operator	First aid/ emergency response

OFO MAJOR GROUP	PUBLIC			PRIVATE		
	OFO CODE	OCCUPATION	TOP 3 SKILLS GAPS	OFO CODE	OCCUPATION	TOP 3 SKILLS GAPS
2021-7 Plant and Machine operators and assemblers	2021-732101	Delivery Driver	Driving skills and road safety training	2021-732101	Delivery Driver	Driving skills and road safety training
	2021-715701	Laundry and Dry Cleaning Machine Operator	Computer literacy	2021-733201	Truck Driver (General)	Danger management skills
	2021-732101	Delivery Driver	First aid/ emergency response	2021-734402	Forklift Driver	Forklift skills
2021-8 Elementary Occupations	2021-811202	Healthcare Cleaner	Computer literacy	2021-833401	Shelf Filler	Safety and compliance
	2021-841201	Kitchenhand	Safety and compliance	2021-812101	Laundry Worker (General)	First aid/ emergency response
	2021-812101	Laundry Worker (General)	Infection prevention and control (IPC)	2021-811201	Commercial Cleaner	Basic hygiene

Source: HWSETA and PSETA planned training data, 2024/25.

Furthermore, HWSETA commissioned a study titled, 'A Research Paper on the Implications of Key Change Drivers to Skill Development in the Health Sector' to understand how skills gaps vary by organisational size. The study found that occupation-specific technical training is the most common skills gap across all organisation sizes, accounting for 32% of reported gaps. Small and micro organisations (with fewer than 50 employees) reported higher needs for technological skills, while larger organisations (with 50 or more employees) faced more gaps in administrative, management and financial skills.

In addition, SETA interviews conducted with five organisations confirmed similar trends. High-level occupations such as unit managers and specialist nurses showed gaps in leadership, regulatory knowledge and clinical training. Mid-level roles such as enrolled nurses and policy advisers lacked updated clinical and communication skills. At the lower level, community health workers and programme assistants struggled with digital literacy and interpersonal communication. These combined findings emphasise the need for tailored and responsive training interventions that consider both the size of the organisation and the level of occupation to effectively address workforce development challenges in the health sector.

TABLE 14: DISTRIBUTION OF SIX EMERGING OCCUPATIONS, 2020-2024

SETA NAME	PERIOD	OCCUPATION CODE	OCCUPATION	INTERVENTION(S) PLANNED	NQF LEVEL	NQF ALIGNED (Y/N)	QUANTITY NEEDED	QUANTITY TO BE SUPPORTED	RATIONALE (DIGITISATION OR NATIONAL STRATEGY – SPECIFY THE NATIONAL STRATEGY)
HWSETA	2026/27	351201	Data Scientist	Occupational Certificate: Data Science Practitioner	5	Y	Unknown	Unknown	**Technology**; increased need to manage/interpret health information for decision-making.
HWSETA	2025/26	212103	Statistician	Bachelor of Science in Mathematical Statistics	7	Y	Unknown	Unknown	**Technology;** increased need to apply advanced skills in data manipulation given rise of unstructured data.
				Diploma in Mathematics Sciences	6	Y			
HWSETA	2025/26	226302	Safety, Health, Environment and Quality (SHE&Q) Practitioner	Occupational Certificate: Safety, Health and Quality Practitioner (Occupational Health and Safety Practitioner)	5	Y	15	15	**ERRP skills strategy;** increased need to adjust and adapt new regulations post-COVID-19 for compliance purposes.

SETA NAME	PERIOD	OCCUPATION CODE	OCCUPATION	INTERVENTION(S) PLANNED	NQF LEVEL	NQF ALIGNED (Y/N)	QUANTITY NEEDED	QUANTITY TO BE SUPPORTED	RATIONALE (DIGITISATION OR NATIONAL STRATEGY – SPECIFY THE NATIONAL STRATEGY)
HWSETA	2025/26	134901	Environmental Manager	Bachelor of Arts Honours in Environmental Management	8	Y	11	11	**ERRP skills strategy;** Increase buy-in to achieve the sustainable SDGs by business.
HWSETA	2025/26	133103	Data Management Manager	Postgraduate Diploma in Science in Data Science	8	Y	Unknown	Unknown	**Technology;** increased need for data management processes to adopt technologies to thrive (compete) in the new business environment because of new business model changing architecture of business.
HWSETA	2025/26	221212	Forensic Pathologist	Master of Medicine in Forensic Pathology	9	Y	59	11	Shortage of human capital of clinical staff personnel.

Source: HWSETA WSP/ATR 2020-2025.

3.4 Extent and nature of supply

3.4.1 Extent of occupational skills supply in the sector

The health and social development sector is supported by a multifaceted education and training system that spans public universities, universities of technology, TVET colleges and accredited private providers. These institutions offer qualifications across the National Qualifications Framework, from foundational health and social auxiliary certificates to specialised postgraduate degrees in nursing, public health, psychology, social work and other related disciplines.

In 2023, the broader PSET system comprised 394 registered institutions, including 164 higher education institutions (HEIs) and 230 colleges. The HEI segment consisted of 26 public universities and 138 private institutions, with combined enrolments exceeding 1.35 million students. Public universities remained the primary contributors to higher education provision, with 1,071,715 enrolments – representing almost 79% of the total – while private HEIs enrolled 286,454 students. The college sector was equally diverse, comprising 50 public TVET colleges, 9 CET colleges, 72 public nursing colleges and 149 private colleges. Together these institutions enrolled 2,125,019 students in 2023. The table below provides a summary of these enrolment figures.

TABLE 15: OVERVIEW OF PSET INSTITUTIONS AND STUDENT ENROLMENT, 2023.

	HEIS			COLLEGES					TOTAL
	PUBLIC	PRIVATE	TOTAL	TVET	CET	NURSING COLLEGES[1]	PRIVATE	TOTAL	PSET
Number of institutions	26	138	164	50	9	72	149	280	444
Number of students enrolled	1,071,715	286,454	1,358,169	564,089	120,081	1,895	80,785	766,850	2,125,019

Source: (DHET, 2025), (SANC, 2023)

The sector also benefits from professional councils, such as the Health Professions Council of South Africa (HPCSA), the South African Nursing Council (SANC) and the South African Council for Social Service Professions (SACSSP), which regulate qualifications and ensure professional standards. Workplace-based learning, facilitated through partnerships between employers, SETAs and training providers, remains a critical pillar of the skills pipeline, particularly for occupations that require clinical practice or community-based experience.

1 The data for public nursing colleges is based on provincial colleges accredited by SANC and total nursing output from public provincial statistics (SANC)

Several challenges exist that limit the responsiveness and effectiveness of skills provision. One of these is the misalignment between academic curricular and the practical demands of the workplace. Employees find that graduates lack the hands-on experience and competencies required to function effectively in health and social development settings. A second challenge is the limited availability of work placement opportunities, which restrict the ability of learners to complete occupational qualifications that require workplace-based learning components. This is particularly acute in the social development sector, where NPOs and community-based structures face financial constraints, limiting their capacity to host and mentor learners.

A major contributing factor to the undersupply of skills in the sector is the limited number of institutions offering certain critical qualifications. For example, the University of Pretoria (UP) is currently the only university in South Africa offering the Bachelor of Veterinary Science programme, which severely restricts access to veterinary training and limits the scale at which the profession can grow.

3.4.2 Student output from public higher education training sector institutions

Student output from public HEIs in health and social development qualifications remained relatively stable between 2019 and 2023 but showed concerning declines in several critical areas. Over the 5-year period (2019-2023), as shown in the table below, total enrolments if the selected health and social welfare fields showed an annual average growth rate of -7,8% and 0,8% for the first and four-year bachelor degree respectively. This signals a reduction in workforce training capacity from public HEIs at a time of growing demand for health and social services. For example, the number of nursing enrolments (four-year degree) declined from 4,023 in 2019 to 3,464 in 2023 (-3,7% annual average growth rate), while enrolments for three-year nursing qualification dropped more significantly from 1,628 in 2019 to just 437 in 2023 (-28% annual average growth). In social work, output decreased slightly from 8,332 graduates in 2019 to 7,215 in 2023 (-3,5% annual average growth rate). Meanwhile, veterinary science graduates rose modestly from 1,008 in 2019 to 1,164 in 2023 (3,7% annual average growth rate), but growth remains well below national needs.

TABLE 16: NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS ENROLMENTS BY PUBLIC HEIS, 2019-2023

NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS ENROLMENTS BY PUBLIC HEIS, 2019-2023							
HEMIS STUDY FIELDS	**QUALIFICATIONS**	**2019**	**2020**	**2021**	**2022**	**2023**	**AAG 2019-2023**
Chiropractic	First BDegree (4 years)		62	263	280	258	60,8%
Communication disorders sciences and services	First BDegree (3 years)		99	200	76	3	-68,8%
	First BDegree (4 years)	1254	1193	1224	1378	1448	3,7%
Dentistry, advanced dentistry and oral sciences	First BDegree (3 years)	127	127	135	170	166	6,9%
	First BDegree (4 years)	1141	1111	1213	1212	1211	1,5%
Health and medical administrative services	First BDegree (3 years)	1965	1509	1085	830	476	-29,8%
	First BDegree (4 years)	1968	1373	1077	617	395	-33,1%
Medicine	First BDegree (4 years)	7141	7757	8140	8068	8397	4,1%
Medical clinical sciences	First BDegree (3 years)	580	620	621	640	672	3,7%
	First BDegree (4 years)	5432	5219	5784	6304	5975	2,4%
Nursing	First BDegree (3 years)	1628	1180	581	400	437	-28,0%
	First BDegree (4 years)	4023	3954	3870	3674	3464	-3,7%
Optometry	First BDegree (4 years)	463	599	631	577	710	11,3%
Pharmacy, pharmaceutical sciences and administration	First BDegree (4 years)	4362	4342	4332	4219	4146	-1,3%

NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS ENROLMENTS BY PUBLIC HEIS, 2019-2023							
HEMIS STUDY FIELDS	**QUALIFICATIONS**	**2019**	**2020**	**2021**	**2022**	**2023**	**AAG 2019-2023**
Podiatric medicine/podiatry	First BDegree (3 years)		20	168	168	165	69,5%
Public health	First BDegree (3 years)	683	649	528	1346	1066	11,8%
	First BDegree (4 years)	1147	1314	1457	1669	1839	12,5%
Rehabilitation and therapeutic professions	First BDegree (3 years)	579	467	541	671	735	6,1%
	First BDegree (4 years)	3228	3420	3532	3700	3631	3,0%
Veterinary biomedical and clinical sciences*	First BDegree (4 years)	1008	1077	1112	1160	1164	3,7%
Dietetics and clinical nutrition services	First BDegree (3 years)	628	815	838	856	784	5,7%
Alternative and complementary medicine and medical systems	First BDegree (3 years)	53	48	30	14	1	-62,9%
	First BDegree (4 years)	142	216	283	304	304	21,0%
Somatic bodywork and related therapeutic services	First BDegree (3 years)	13	13	23	18	10	-6,3%
Medical radiologic technology/ science (radiography)	First BDegree (3 years)	239	72	42	4	0	-100,0%
	First BDegree (4 years)	826	1120	1166	1425	1503	16,1%
Clinical technology	First BDegree (4 years)		89	118	130	143	4,9%
Medical laboratory	First BDegree (4 years)		75	98	159	198	19,2%
Health professions and related clinical sciences, other	First BDegree (3 years)	3	58	112	161	175	176,4%
	First BDegree (4 years)	287	285	329	159	150	-15,0%
Social work	First BDegree (4 years)	8332	7373	7227	7082	7215	-3,5%
Total	**First BDegree (3 years)**	**6498**	**5677**	**4904**	**5354**	**4690**	**-7,8%**
Total	**First BDegree (4 years)**	**40754**	**40579**	**41856**	**42117**	**42151**	**0,8%**

Source: HEMIS 2024

The overall output of three-year and four-year degrees in key health and social welfare fields declined by an average 7% and 5% per year respectively. The implication of this downward trend indicates a constrained training capacity that creates a bottleneck in the skills pipeline system of the sector, particularly professionals with high-level skills in the sector. This downward trend was evident in disciplines such as health professions and related clinical sciences, which decreased by 44% annually; somatic bodywork and related therapeutic services, which fell by 37% per year; and social work qualifications, which dropped by 11% annually. Alternative and complementary medicine and medical systems showed growth, with output increasing 15% per year. This is presented in the table below.

TABLE 17: NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS AWARDED BY PUBLIC HEIS, 2019 - 2023

NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS AWARDED BY PUBLIC HEIS, 2019 - 2023							
HEMIS STUDY FIELDS	**QUALIFICATIONS**	**2019**	**2020**	**2021**	**2022**	**2023**	**AAG 2019-2023 (%)**
Chiropractic	First BDegree (4 yrs)	56	18	41	54	60	1,7%
Communication disorders sciences and services	First BDegree(4 yrs)	256	243	246	239	280	2,3%
Dentistry, advanced dentistry and oral sciences	First BDegree(3 yrs)	46	32	30	27	44	-1,1%
	First BDegree(4 yrs)	210	189	211	160	234	2,7%
Health and medical administrative services	First BDegree (3 yrs)	265	334	282	220	181	-9,1%
	First BDegree (4 yrs)	377	257	281	281	159	-19,4%
Medicine	First BDegree (4 yrs)	1002	97	1144	1229	1250	5,7%
Medical clinical sciences	First BDegree (3 yrs)	57	158	159	57	179	33,1%
	First BDegree (4 yrs)	1185	1090	966	1060	991	-4,4%
Nursing	First BDegree (3 yrs)	260	320	251	251	44	-35,9%
	First BDegree (4 yrs)	1517	1340	1 013	1151	933	-11,4%
Optometry	First BDegree (4 yrs)	160	136	134	157	161	0,2%
Pharmacy, pharmaceutical sciences and administration	First BDegree(4 yrs)	955	961	1006	899	853	-2,8%
Podiatric medicine/podiatry	First BDegree (4 yrs)	37		37	39	34	-2,1%
Public health	First BDegree (4 yrs)	293	208	236	232	249	-4,0%
Rehabilitation and therapeutic professions	First BDegree (3 yrs)	123	122	76	76	122	-0,2%
	First BDegree (4 yrs)	693	758	714	826	836	4,8%
Veterinary biomedical and clinical sciences*	First BDegree (4 yrs)	169	145	158	172	178	1,3%
Dietetics and clinical nutrition services	First BDegree (4 yrs)	160	198	190	216	205	6,4%
Alternative and complementary medicine and medical systems	First BDegree (3 yrs)	32	34	23	46	1	-58,0%
	First BDegree (4 yrs)	21	39	29	29	37	15,2%
Somatic bodywork and related therapeutic services	First BDegree (4 yrs)	45	21	10	8	7	-37,2%
Medical radiologic technology/science (radiography)	First BDegree (3 yrs)	84	30	39	39	0	-100,0%
	First BDegree (4 yrs)	378	411	238	267	316	-4,4%
Health professions and related clinical sciences, other	First BDegree (4 yrs)	126	102	110	89	12	-44,4%

NUMBER OF HEALTH-RELATED AND SOCIAL WORK QUALIFICATIONS AWARDED BY PUBLIC HEIS, 2019 - 2023							
HEMIS STUDY FIELDS	**QUALIFICATIONS**	**2019**	**2020**	**2021**	**2022**	**2023**	**AAG 2019-2023 (%)**
Social work	First BDegree (4 yrs)	2049	1596	1349	1169	1288	-11,0%
	First BDegree (3 yrs)	**821**	**998**	**830**	**689**	**527**	**-6,7%**
Total	**First BDegree (4 yrs)**	**8268**	**6416**	**5637**	**6979**	**6716**	**-4,6%**

Source: HEMIS 2024

3.4.3 Skills supply through nursing colleges

Student output from nursing education institutions (NEIs) in health qualifications declined by an average 20% per year between 2019 and 2023. This confirms a downward trend that reflects the impact of the transition to the new nursing qualifications framework. The legacy programmes for pupil nurses and auxiliaries were also phased out, resulting in minimal completions in recent years.

TABLE 18: NUMBER OF GRADUATES AT NEIS, 2019 - 2023

NUMBER OF GRADUATES AT NEIS, 2019-2023						
PROGRAMME	**2019**	**2020**	**2021**	**2022**	**2023**	**AAG 2019 – 2023 (%)**
Four-year programme	3736	3608	3535	3320	3147	-4,2%
Bridging course	5169	2298	3576	2780	647	-40,5%
Pupil nurses	95	8	75	85	0	-100%
Pupil auxiliaries	29	32	34	39	1	-56,9%
TOTAL	**9029**	**5946**	**7220**	**6224**	**3795**	**-19,5%**

Source: SANC (2023) (2024)

3.4.4 Skills supply through occupational qualifications

Between 2019 and 2024, 19,122 individuals qualified in key areas such as child and youth care work, community health, social auxiliary work, and as health promotion officers, in order of importance. Community health, in particular, has emerged as a priority area within the primary health care space. However, in the same 6-year period (2019-2024), student output in occupational qualifications declined by 13,3% on average per year, signalling a downward trend. The table below shows that, with the exception of health promotion officer (Level 4), HWSETA-accredited occupational qualifications that experienced negative average annual growth between 2019 and 2024. The growth seen in this programme suggests the effective implementation of a new national occupational qualification.

TABLE 19: STUDENT OUTPUT IN SOME QUALIFICATIONS OVERSEEN BY HWSETA, 2019-2024

STUDENT OUTPUT IN SOME QUALIFICATIONS OVERSEEN BY HWSETA, 2019-2024							
PROGRAMME	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**AAG 2019 - 2024**
L4: Child and youth care work	866	899	1119	1151	1161	724	-3,5%
L4: Social auxiliary work	979	454	353	840	899	748	-5,2%
L4: Community health work	1279	274	353	790	819	466	-18,3%
L2: Community health work	872	61	111	87	90	376	-15,5%
L4: Health promotion officer	714	239	1369	1029			13,0%
Total	**4710**	**1927**	**3305**	**3897**	**2969**	**2314**	**-13,3%**

Source: HWSETA MIS May 2023

The table below shows two occupational qualifications in the health sector as offered by TVET colleges. Primary health (NC(V)) level programmes show an annual average growth rate of 5,2% of the four-year period.

TABLE 20: NUMBER OF STUDENTS IN TVET COLLEGES BY OCCUPATIONAL QUALIFICATIONS, 2023

OCCUPATIONAL QUALIFICATIONS FIELDS	2020	2023
Qualification		
Medical Secretary (N6 Report 191)	-	309
Primary health (NC(V) level 2 programmes)	938	1 092
Total	**938**	**1401**

3.4.5 Student output from private colleges by occupational qualifications & gender

As shown in the table below, occupational qualifications linked to HWSETA in private colleges have shown a notable decline in enrolments between 2020 and 2023. Total enrolments in HWSETA-related fields (Health Sciences and Social Services) dropped from 951 in 2020 to 432 in 2023, reflecting a sharp average annual growth rate (AAG) of -17.9%. This downward trend raises concerns for future skills supply in key health and social development occupations supported by HWSETA. This pattern suggests a potential misalignment between occupational training uptake and labour market needs in the HWSETA sector, particularly within the private college system. Strategic interventions may be necessary to reverse the decline in critical qualification enrolments and ensure a sustainable pipeline of skilled professionals in the health and social development sectors.

TABLE 21: NUMBER OF STUDENTS IN PRIVATE COLLEGES BY OCCUPATIONAL QUALIFICATIONS, 2020-2023

OCCUPATIONAL QUALIFICATIONS FIELDS	2020	2021	2022	2023	AAG%
Health Sciences and Social Services	951	861	862	432	-17.9%

Source: (DHET, 2025).

3.4.6 Professional registration of health professionals

3.4.6.1 Health Professions Council of South Africa (HPCSA)

The next few tables show trends in the professional registration of health practitioners, providing insight into the supply of qualified personnel across occupational categories in the health sector. As at March 2025, a total of 114,656 professionals were registered with the HPCSA across selected occupations. This is an increase of 14,549 since 2019. This growth highlights improvements in the supply of key health professionals over the past six years. The number of registered medical practitioners alone rose by 8,612 from 2019 to 2025, with an AAG rate of 2.9%, which is above the 2,3% average per year across selected professional occupations. Of all (14,549) the increases across selected occupations from 2019 to 2025, the increase of 8,612 for registered medical practitioners constitutes the major share of 59%.

TABLE 22: NUMBER OF SELECTED PROFESSIONALS REGISTERED WITH THE HPSCA, 2019 -2025

NUMBER OF SELECTED PROFESSIONALS REGISTERED WITH THE HPCSA, 2019-2025								
	2019	2020	2021	2022	2023	2024	20251	AAG 2019 - 2025
Dentist	6530	6472	6553	6481	6624	6792	7006	1,2%
Medical Intern	4430	5370	4713	5016	5500	5147	4736	1,1%
Medical Practitioner	46839	46516	49087	49108	51470	53631	55451	2,9%
Medical Technologist	5975	6088	6219	6269	6320	6392	6399	1,1%
Occupational Therapist	5682	5718	6041	5825	6063	6266	6597	2,5%
Optometrist	3837	3899	3990	4031	4245	4357	4515	2,7%
Physiotherapist	8153	8185	8536	8309	8571	8816	9235	2,1%
Psychologist	8881	8978	906	9112	9365	9621	9763	1,6%

1 2025 data is as at 31 March 2025 (HPCSA).

NUMBER OF SELECTED PROFESSIONALS REGISTERED WITH THE HPCSA, 2019-2025								
	2019	2020	2021	2022	2023	2024	20251	AAG 2019 - 2025
Radiographer	8168	8121	8489	8387	8621	8943	9358	2,3%
Speech Therapist and Audiologist	1612	1582	1641	1586	1566	1565	1596	-0,2%
TOTAL	**100107**	**100929**	**96175**	**104124**	**108345**	**111530**	**114656**	**2,3%**

Source: (HPCSA, 2025)

3.4.6.2 Registrations with the South African Nursing Council

In 2023, the total number of registered nurses was 268,915. The growth was largely driven by professional (registered) nurses, which increased from 153,095 in 2019 to 157,576 in 2023, with an AAG rate of 0,7%. In 2023, the total number of nurses registered with SANC declined to 268,915, continuing the downward trend observed since 2019 at a negative annual average growth rate of -1,4%. The most notable declines were in the enrolled nurse (-5,9%) and auxiliary nurse (-2,5%) categories.

TABLE 23: NUMBER OF NURSES REGISTERED WITH SANC, 2019 – 2023

NUMBER OF NURSES REGISTERED WITH SANC, 2019-2023						
	2019	2020	2021	2022	2023	AAG 2019 - 2023
Registered	153095	154024	156784	157516	157576	0,7%
Enrolled	64638	61033	56490	52350	50681	-5,9%
Auxiliaries	67104	65187	63545	61565	60658	-2,5%
Total	**284837**	**280244**	**276819**	**271431**	**268915**	**-1,4%**

Source: (SANC, 2023).

3.4.6.3 Registrations with the Allied Health Professions Council of South Africa

As at 2025, the total number of individuals registered with the Allied Health Professions Council of South Africa (AHPCSA) was 2,378, reflecting an overall decrease from 2,560 in 2019. This represents an AAG of -1,2% between 2019 and 2025.

TABLE 24: TOTAL REGISTRATIONS WITH THE AHPCSA, 2019-2025

TOTAL REGISTRATIONS WITH THE AHPCSA, 2019-2025								
REGISTRATION CATEGORY	2019	2020	2021	2022	2023	2024	2025	AAG 2019-2025
Acupuncture	53	52	44	44	54	85	62	2,6%
Ayurveda doctor	12	12	12	10	10	9	9	-4,7%
Chinese medicine	157	158	146	146	145	155	132	-2,8%
Chiropractic	877	897	917	930	975	1511	990	2,0%
Homoeopathy	580	573	573	572	596	830	565	-0,4%
Naturopathy	80	77	68	68	73	77	65	-3.4%
Osteopathy	38	37	33	33	33	29	27	-5,5%
Phytotherapy	48	49	45	46	49	74	46	-0,7%
Therapeutic aromatherapy	105	98	83	79	75	69	56	-9.9%
Therapeutic massage therapy	95	94	94	93	91	116	87	-1,5%
Therapeutic reflexology	446	437	403	427	425	374	285	-7,2%
Unani-Tibb	69	69	65	63	65	70	54	-4,0%
Total	**2560**	**2553**	**2483**	**2511**	**2591**	**3399**	**2378**	**-1,2%**

Source: (AHPCSA, 2025)

3.4.6.4 Registrations with the South African Pharmacy Council

As at 2025, a total of over 52,000 individuals were registered with the South African Pharmacy Council (SAPC) across various pharmacy-related categories. Over the 2019-2025 period, consistent growth in key registration categories were recorded at an AAG rate of 2,6%. Notably, the most significant growth was observed in the post-basic pharmacist assistant category, which grew from 13,103 in 2019 to 19,183 in 2025, representing an AAG rate of 6,6%. In contrast, learner post-basic pharmacist assistant registrations declined from 2,173 in 2019 to 1,464 in 2025, reflecting an average -6,4% per year. Pharmacist registrations increased steadily from 15,722 in 2019 to 18,084 in 2025, with an AAG rate of 2,4%.

TABLE 25: NUMBER OF REGISTRATIONS WITH THE SAPC, 2019 - 2025

NUMBER OF REGISTRATIONS WITH THE SAPC, 2019-2025								
REGISTRATION CATEGORY	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**AAG 2019 - 2025**
Basic pharmacist assistant	4293	3877	4111	3457	3430	3726	3639	-2,7%
Learner basic pharmacist assistant	3208	3110	3152	3603	4051	4130	3407	1,0%
Post-basic pharmacist assistant	13103	13481	14863	15494	16528	17576	19183	6,6%
Learner post-basic pharmacist assistant	2173	2170	2208	2184	2303	2531	1464	-6,4%
Pharmacist	15722	16020	16541	17113	17531	18029	18084	2,4%
Pharmacist intern	1082	1171	1260	1316	1412	1313	1207	1,8%
Specialist pharmacist	11	10	10	10	11	10	7	-7,3%
Service community pharmacist	807	813	855	871	810	922	847	0,8%
B Pharm student	4520	4013	3331	3727	4028	4663	4690	0,6%
Total	**44419**	**44665**	**46331**	**47775**	**50104**	**52900**	**52528**	**2,6%**

Source: (SAPC, 2025)

3.4.6.5 Registrations with the South African Veterinary Council (SAVC)

Over the 2019-2025 period, SAVC registrations grew from 6,246 to 7,832 at an average 3,8% per year. In the same period, notable growth above the AAG rate of 3,8% was in animal health technicians, laboratory animal technologists and veterinary physiotherapists. Importantly, Veterinary Technologists, Veterinary Specialists, Veterinary Nurses and Veterinarians showed a positive AAG rate, but below the overall annual average growth rate of 3,8% for all SAVC registration categories. Over the 2022-2025 period, a decline in community veterinary services, at an AAG rate of 10%, was reflected.

TABLE 26: NUMBER OF REGISTRATIONS WITH THE SAVC, 2019 - 2025

NUMBER OF REGISTRATIONS WITH THE SAVC, 2019-2025								
REGISTRATION CATEGORY	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**AAG 2019-2025**
Veterinarians	3 658	3 718	3 720	3 500	3 491	3 699	3844	0,8%
Veterinary Specialists	206	205	212	217	216	221	236	2,3%
Community Veterinary Service				323	382	278	235	-10,1%[1]
Animal Health Technicians	1 281	1 283	1 372	1 549	1 599	1 867	2124	8,8%
Laboratory Animal Technologists	15	19	15	14	13	13	23	7,4%
Veterinary Nurses	732	769	719	727	723	757	790	1,3%
Veterinary Technologists	354	349	358	395	394	422	439	3,7%
Veterinary Physiotherapists*			60	65	73	96	141	23,8%[2]
Total	**7 661**	**7 758**	**7 708**	**7 997**	**6 891**	**7 353**	**7832**	**3,8%**

Source: (SAVC, 2025)

1 The AAG for Community Veterinary Service was calculated from 2022 to 2025 due to data points being unavailable for 2019 to 2021.
2 The AAG for Veterinary Physiotherapists was calculated from 2021 to 2025 due to data points being unavailable for 2019 to 2020.

3.4.7 Professional registration of social service professionals

3.4.7.1 South African Council for Social Service Professions (SACSSP)

Of the registration categories with the SACSSP, as shown in the table below, social workers have the highest AAG of 7,2% from 2019 to 2023 followed by social auxiliary workers (6,2%) and child and youth care workers (3,9%). The latter is mainly explained by the phasing out of the level 4 qualification.

TABLE 27: SOCIAL SERVICE PROFESSIONALS REGISTERED WITH THE SACSSP, 2019-2023

SOCIAL SERVICE PROFESSIONALS REGISTERED WITH THE SACSSP, 2019-2023						
	2019	2020	2021	2022	2023	AAG 2019 - 2023
Social workers	33404	34569	35328	38443	44106	7,2%
Social auxiliary workers	11589	11824	11954	12716	14749	6,2%
Child and youth care workers	8122	9071	7467	8358	9460	3,9%
Total	**55134**	**57484**	**56770**	**61539**	**70338**	**6,3%**

3.5 HWSETA SECTOR PRIORITY OCCUPATIONS & INTERVENTIONS (SPOI) LIST

3.5.1 Overview

SETAs are required to develop a Sector Priority Occupations and Interventions list as part of their sector skills planning processes. The purpose of this list is to align training programmes offered in and for the sector with the scarce skills or skills shortages experienced in the sector. It also guides funding decisions in the SETA.

In preparing an SPOI list, HWSETA takes a holistic view of its sector according to the SIC code distribution assigned, the skills composition and skills need of the sector, as well as the education and training pipelines that supply skills into the sector. It bears in mind that the health and social development sector is large and complex and does not depend only on core health and social service professions and occupations. Some support occupations, although relatively small in number, are critically important for the functioning of hospitals and other facilities. These can include financial occupations and some trades. Another factor that must be borne in mind in the development of the list are the SETA's obligations in terms of national strategies, such as the NHI.

3.5.2 Methodology

The development of the SPOI list (formerly known as PIVOTAL list) starts with an analysis of the occupations in the sector and employment trends in those occupations. This is followed by an analysis of the HTFVs reported by organisations in the public and private sector. This analysis, which is based on one-on-one employer interviews and WSPs submitted to HWSETA and PSETA, provides a basic list of occupations in which scarcity (unable to fill vacancies within 12 months) is experienced, with employment and vacancy information on each occupation.

The second step in the process involved a systematic analysis of the number of vacancies for each identified occupation. This informs the ranking of occupations according to priority. Stakeholder engagement on the SPOI list takes the form of interviews conducted with key role players in the sector. Clarification is sometimes needed on the figures presented by employers in their WSP submissions.

Occupations in the SPOI list are ranked according to the reasons for HTFV, their duration (12 months or more) and the minimum number of people needed for each occupation. Among the various reasons for the HTFV, the scarcity of people with experience, required qualifications and specialised skills is used to rank priority levels in relation to HWSETA's mandate and sphere of influence, as well as the SSP framework and guidelines, which emphasise that the SPOI list is based on skills-related factors.

However, this ranking does not necessarily imply preferential funding. The type and nature of the learning programmes that lead to each identified occupation are identified in a subsequent step. The SPOI list is finalised, based on the HTFV list, with specific focus on occupations that are hard to fill for skills-related reasons. The estimated demand for each occupation is based on the 5-year average number of HTFVs to account for variations arising from changing number of employer organisations submitting their WSPs. Using the 5-year average is crucial for

identifying a consistent pattern of HTFVs over the strategic planning period in order to effectively anticipate the upcoming strategic period for planning.

This, in turn, leads to the interventions indicated in the SETA SPOI list. The number of interventions that the SETA can support depends on various considerations:

- SETA funding is available in a particular year. It must be kept in mind that most of the learning programmes required for professional occupations in the sector stretch over four or more years. The SETA cannot fund learners on an ad hoc basis and change the funding mechanisms from year to year. The learners who are supported cannot afford their studies and if the SETA funding was to be withdrawn, they may fall out of the system. This would constitute wasteful expenditure by the SETA. For this reason, the SETA must set targets based on its long-term commitments.
- Other funding is available in the sector. The government departments in the sector also provide financial support in the form of bursaries.
- Demand and uptake from employers and training institutions.

Finally, an increased percentage of learners trained and finding employment in the sector is the envisaged outcome of the identified interventions.

3.6 Conclusion

HWSETA's analysis reveals persistent and emerging skills gaps across the health and social development sectors. Occupations in high demand – such as professional nurses, social workers, pharmacists and veterinary professionals – continue to experience shortages, despite their centrality to national development goals and healthcare outcomes. These gaps are compounded by slow throughput in post-school institutions, constrained training capacity in certain professions and poor alignment between qualifications and the realities of service delivery.

While there has been notable investment in professional registration and qualification development, workforce readiness is undermined by limited placement opportunities, skills mismatches and uneven employer participation in skills development initiatives. These issues are especially pronounced in rural and underserved areas, where vacancy rates and service backlogs are highest.

FOUR

CHAPTER 4: SETA PARTNERSHIPS

4.1 Introduction

This section outlines HWSETA's approach to partnerships, which are structured collaborations between the SETA and various stakeholders that are aimed at advancing sector skills development priorities. It presents HWSETA's partnership model, highlights key existing and planned partnerships and discusses the successes achieved and challenges encountered in implementing these partnerships. The section also showcases examples of high-impact collaborations that have contributed meaningfully to sectoral transformation and capacity-building.

4.2 Approach to partnerships

HWSETA defines partnerships as formal, documented collaborations entered into with strategic intent to address mutually identified skills priorities within a defined timeframe. Guided by the NSDP 2030, these partnerships are central to HWSETA's role as an intermediary, linking the world of education and the world of work to foster a capable and employable workforce. Furthermore, HWSETA partnerships ensure responsiveness to the changing sectoral environment in pursuit of productivity in a global competitive environment. HWSETA partnerships support this mandate by enabling work-based learning, strengthening education and training delivery and promoting professionalisation and upskilling across the health and social development sector.

HWSETA's partnerships are administered through MoAs or MoUs that establish and outline collaborative agreements with partners. This contract usually follows a certain format that includes, but not limited to, the following key sections: definitions of terms, purpose of the agreement, scope of work, obligations of each party, a detailed description of roles and responsibilities, duration and breach and termination.

HWSETA's partnerships are guided by its core strategic intents and their contribution to sectoral and institutional priorities. These strategic intents ensure alignment with national priorities and HWSETA's mandate, while enabling targeted investment and implementation planning. They also support the continuous generation of sector intelligence. Thus, partnerships with the greatest cumulative investment across programmes are those that most strongly advance the SETA's strategic objectives. These include partnerships with public and private training institutions, industry and professional bodies, employers, NPOs and government departments. Across all partnership types, value-add is assessed according to their contribution to employability, workplace readiness, professionalisation and the responsiveness of the skills pipeline to the demands of the sector.

Partnerships with training providers are used to deliver HWSETA-accredited programmes and expand state capacity through skills development interventions. These efforts are complemented by collaborations with universities that support progression into postgraduate studies and the development of high-level skills aligned with occupations in high demand.

Equally, partnerships with employers are crucial to facilitating workplace-based learning (WBL) opportunities, securing graduate placements and improving employment outcomes for HWSETA-funded beneficiaries. These employer relationships also play a key role in upskilling the existing workforce through skills programmes and professional development initiatives. Overall, HWSETA's partnership model is designed to deliver on national priorities and strengthen institutional responsiveness, promote equitable access and ensure sustainable pathways to employment and workforce development. The following diagram illustrates the HWSETA partnership approach.

FIGURE 11: HWSETA PARTNERSHIP APPROACH



4.3 Existing partnerships

The table below accounts for HWSETA's existing partnerships by strategic partnerships and special projects, education and training delivery partnerships and industry and professional bodies partnerships. It covers the objectives and duration of partnerships, the impact (value-add) and challenges and success factors.

TABLE 28: HWSETA EXISTING PARTNERSHIPS

INSTITUTION/ PARTNER ORGANISATION	NATURE OF PARTNERSHIP (START & END DATES)	OBJECTIVES OF PARTNERSHIP	VALUE-ADD OF PARTNERSHIP
STRATEGIC PARTERNSHIPS AND SPECIAL PROJECTS			
Environment and Language Educational Trust (ELET)	Strategic partnership: Learnership: FETC: Early Childhood Development (Start date: 31 March 2025 End date: 31 March 2027).	• To deliver targeted, context-specific learning interventions that respond to sectoral needs in areas such as ECD, clinical management and public health • To strengthen service delivery and professional capacity in the health and social development sectors.	• Strategic partnerships and special projects continue to serve as key instruments through which HWSETA addresses sectoral priorities and emerging skills needs. The value of these partnerships lies in their ability to tackle systemic challenges and expand HWSETA's reach, particularly in underserved areas and priority sub-sectors. Projects have contributed meaningfully to areas such as ECD, public healthcare management and youth employment readiness. These initiatives often reflect a deliberate effort to strengthen institutional capacity and deliver broader social impact. • Effectiveness is evident in the practical outcomes of these projects, which include enhanced workplace readiness among graduates, improved training quality, and alignment with national priorities such as reducing medico-legal claims and strengthening ECD foundations. These interventions have also served as platforms for innovation, enabling HWSETA to test and refine new models of delivery. • Employment of beneficiaries confirms the acquisition of occupational competence and evidence of demand for it by the labour market. • Challenges and mitigating factors: Implementation challenges have included delays in coordination between different organisations, uneven provincial rollout and logistical difficulties in reaching remote areas. However, HWSETA's role as a facilitator has helped overcome many of these barriers. Ongoing monitoring and documentation of lessons from these projects are helping to strengthen future planning and replication.
KwaZulu-Natal Progressive Primary Health Care (KZN PPHC)	Strategic partnership: Learnership: FETC: Community Health Work (Start date: 08 April 2024 End date: 08 April 2026).		
Wits Health Consortium (PTY) LTD (WHC)	Strategic partnership: Learnership: Occupational Certificate; Health Promotion Officer (Start date: 31 March 2025 End date:31 March 2028).		

INSTITUTION/ PARTNER ORGANISATION	NATURE OF PARTNERSHIP (START & END DATES)	OBJECTIVES OF PARTNERSHIP	VALUE-ADD OF PARTNERSHIP
South African Veterinary Association	Strategic partnership: Skills programme for employed: mentoring, counselling, facilitation, networking, knowledge sharing, CPD and mental well-being (Start date: 15 December 2024 End date: 15 December 2026)	• To address key workplace skills gaps • To improve productivity • To improve service provisioning	• Strategic partnerships in support of skills programmes have played a significant role in addressing pressing operational skills gaps in the health and social development sectors. These programmes, delivered through partnerships with employers and training providers, focus primarily on non-credit-bearing interventions that respond directly to employer-identified needs. • Partnership with the South African Pharmacy Council (SAPC), for example, has been instrumental in expanding access to pharmacist assistant training, particularly at basic and post-basic levels. Through this collaboration, HWSETA has funded the training of the vast majority of practicing pharmacist assistants currently employed in retail pharmacies, community pharmacies and public health facilities. • The value of this partnership also extends to professional development. HWSETA plays a leading role in supporting the SAPC's annual CPD conferences, which serve as training platforms for practicing pharmacists and pharmacist assistants. • Thus, HWSETA's skills programme has contributed towards professionalisation of the sector by closing skills gaps or skills deficiencies. • Challenges and mitigating factors: Despite their relevance, implementation is often constrained by the inability of workers to leave their posts for training due to workload pressures. • HWSETA's implementing division has commissioned a research study on this aspect for consideration in its review of how skill programmes can be more responsive to this employer concern.
South African Pharmacy Council	Strategic partnership: Skills programme 'vaccination training for pharmacist' (Start date: 31 March 2025 End date: 30 June 2026)		
South African Association of Veterinary Technologists (SAAVT)	Strategic partnership: Skills programme CPD-accredited training workshop/ conference (Start date: 31 March 2025 End date: 03 June 2027)		
Durnacol Skills Hub	Strategic partnership: Artisans/ apprenticeship training: millwrights, boilermaker and diesel mech (Start date: 30 January 2024 End date: 30 September 2028)	• To support the training of students in trades that are in demand to increase the number of qualified artisans in the country • To acquire occupational competence through structured components of theory and practical work experience	• Strategic partnerships in artisan development have enabled HWSETA to address critical technical skills shortages through collaborations with accredited training centres that deliver occupational qualifications aligned with sectoral infrastructure demands. • The partnerships have enabled training in skills such as refrigeration and air conditioning, specifically to meet the needs of hospitals and laboratories where temperature-controlled environments are essential. In addition, HWSETA's artisan programmes have produced skills in plumbing, electrical work, fitting and turning, boilermaking and welding – all of which are deemed crucial for maintaining and upgrading public health infrastructure. • Given the national vision of the artisan of the decade which aims to produce 30,000 artisans by 2030, these partnerships from artisanship programmes add value to HWSETA's contribution to this strategic objective. • Challenges and mitigating factors: despite the relevance of these programmes, challenges remain in securing sufficient host workplaces for apprentices, particularly in remote areas. Additionally, the cost and coordination involved in providing trade test preparation and access to equipment can be limiting. HWSETA continues to mitigate these constraints by partnering with training centres that have in-house practical facilities and by exploring public-private placements for workplace exposure.
Artisan Development Academy	Strategic partnership: Artisans/ apprenticeship training: millwright (Start date: 31 March 2025 End date: 31 March 2027)		
Netcare hospitals	Strategic partnership: Artisans/ apprenticeship training: millwright, aircon and refrigeration (Start date: 11 March 2025 End date: 11 March 2027)		

INSTITUTION/ PARTNER ORGANISATION	NATURE OF PARTNERSHIP (START & END DATES)	OBJECTIVES OF PARTNERSHIP	VALUE-ADD OF PARTNERSHIP
• The following universities (abbreviated)[1]: UP, SMU, UniZulu, UKZN, NMU, CPUT, UCT, UFS, Wits, UJ, WSU, SU, UWC, NWU, DUT, UL. 87 employer organisations belonging to health and social development sector	Strategic partnership: undergraduate bursaries (Start date: 13 September 2024 End date: 13 September 2027)	To increase the number of workers and unemployed persons who enter, re-enter and complete bursary programmes in qualifications funded by HWSETA	• The strategic partnerships from undergraduate bursaries have increased the supply of skilled workforce with high-end skills by opening doors to further learning from undergraduate to postgraduate studies. The partnerships' value-add is also in specific targeting of the 'missing middle' students who do not qualify for NSFAs bursary funding. • Evaluation studies have also confirmed that undergraduate bursaries lead to a reasonable level of absorption to employment. • Challenges and mitigating factors: completions remain a challenge given that students ordinarily take more time to complete their studies. Thus, this aspect of the programme needs continuous improvement in efficiencies.
EDUCATION AND TRAINING DELIVERY PARTNERSHIPS			
7 public TVET and nursing colleges[2]	TVET vocational bursaries and experiential learning (Start date: 12 May 2024 End date: 2 November 2027)	• Establish schools of health and social development within TVET colleges • Support vocational bursaries and experiential learning	• Facilitates the delivery of HWSETA qualifications within TVET colleges • Improves the employability of graduates • Challenges and mitigating factors: accreditation standards not evenly met across TVET colleges. Thus, standardisation has been adopted by HWSETA for uniformity of the intervention.
TARDI	Animal health technicians (Start date: 01 April 2022 End date: 31 March 2026)	To enable students enrolled with the college to gain workplace experience in line with the curriculum to graduate	Linking the world of work and education through training for employment. Challenges and mitigating factors: although this programme is effective, it requires improved articulation pathways for animal health technicians to progress to Bachelor of Veterinary Science qualifications. This requires consultation with relevant stakeholders to improve articulation pathways.

1 University of Pretoria (UP), Sefako Makgatho University (SMU), University of Zululand (UniZulu), University of KwaZulu-Natal (UKZN), Nelson Mandela University (NMU, Cape Peninsula University of Technology (CPUT), University of Cape Town (UCT), University of Free State (UFS), University of Witwatersrand (Wits), University of Johannesburg (UJ), Walter Sisulu University (WSU), Stellenbosch University (SU), University of Western Cape (UWC), North-West University (NWU), Durban University of Technology (DUT), University of Limpopo (UL).

2 South West Gauteng TVET college, Northlink TVET College, Buffalo City TVET College, KwaZulu-Natal Department of Health Nursing College, Letaba TVET College, Mnambithi TVET college, Northern Cape Department of Health Nursing College

INSTITUTION/ PARTNER ORGANISATION	NATURE OF PARTNERSHIP (START & END DATES)	OBJECTIVES OF PARTNERSHIP	VALUE-ADD OF PARTNERSHIP
The following universities (abbreviated) [1]: UCT, CPUT, RU, UKZN, UWC, NWU, UL, SMU, UJ, UNIVEN, UP, NMU, UFH, UNISA.	Postgraduate research bursary programme bursaries (Start date: 20 October 2023 End date: 20 October 2028)	• To increase access into postgraduate higher education programmes • To create a pipeline of candidates who qualify to enter master's degrees and PhDs	• Increases the number of people with high-level skills in the sector to qualify to become lecturers at HEIs. • Responds to HTFVs that require high-level and/or specialised skills. • Recent evaluation studies confirm that postgraduate qualifications facilitate career progression, with most beneficiaries moving into new roles and securing permanent positions upon completion of their studies. These outcomes confirm value of the programme to the sector and country, thus presenting a logical basis for the success of the current and future partnerships under the postgraduate research bursary programme. These outcomes demonstrate the programme's value to both the sector and the country and provide a strong rationale for sustaining and strengthening current and future partnerships in the postgraduate research bursary programme. • Challenges and mitigating factors: since the 2023/24 financial year, monitoring and follow-ups reported an increase in completions that ordinarily take longer. • Thus, partnerships in this programme are effective and efficient. Given the effectiveness of these partnerships for, resourcing and budgeting is to be improved at the disaggregated level for desired outcomes.
7 public TVET and nursing colleges[2]	Lecturer development (Start date: 01 January 2025) End date: 30 November 2028)	Improve capacity of lecturers who contribute to the quality of education To improve lecturers' skills in conducting assessments	Skilling and upskilling to improve quality of education and productivity. Challenges and mitigating factors: accreditation challenges experienced by colleges. Going forward, verification of accreditation requirements will be conducted. There is also low reporting of completions because the training is quality assured by other SETAs, which causes delays. Going forward, increased collaboration for sharing of data to report performance will be undertaken.
RESEARCH PARTNERSHIPS			
SAPC	Framework for co-operation and coordination to promote information sharing and research (Start date: 01 July 2023 End date: 30 June 2026)	To cooperate in the following areas. Stakeholder mapping and profiling project Policy analysis project Demand-side analysis project Supply-side analysis project Partnership analysis project Data sharing for research and evaluation of programmes and projects	This partnership is valuable and has contributed to two research projects, namely. 1) The extent and nature of the supply and demand of pharmacy human resource personnel: A case of education and training landscape. 2) Investigating the association between employee wellness (physical and mental health) and the working environment of pharmacy human resources in South Africa.
The National Shelter Movement of South Africa (NSMSA)	Framework for co-operation and coordination to promote information sharing and research (Start date: 31 March 2025 End date: 31 March 2028)		This partnership exists and seeks to contribute towards the following areas of research in 2025/26 financial year and onwards 1. Gender-based violence: training needs and intervention options 2. Burnout and mental health of shelter workers 3. Training needs and intervention options for volunteers in the health and social development sector 4. Evolution of the NPO sector.
Workers College South Africa			This partnership exists and seeks to contribute towards the following areas of research in 2025/26 financial year and onwards 1. Digital health skills in the health and social sector 2. Mental health of professionals in the health and social sector.

1 University of Cape Town (UCT), Cape Peninsula University of Technology (CPUT), Rhodes University (RU), University of KwaZulu-Natal (UKZN), University of Western Cape (UWC), North-West University (NWU), University of Limpopo (UL), Sefako Makgatho University (SMU), University of Johannesburg (UJ), University of Venda (Univen) University of Pretoria (UP), Nelson Mandela University (NMU), University of Fort Hare (UFH), University of South Africa (Unisa).

2 Department of Health Limpopo Nursing College, Department of Health Mpumalanga Nursing College, Department of Health Eastern Cape (Lilitha College of Nursing College), Eastern Cape College of Emergency Care, Northlink TVET College, South Cape TVET College, South West Gauteng TVET college, Western Cape Government Health & wellness

4.3.1 Successful existing partnerships

This subsection highlights HWSETA's partnerships that have been particularly successful, as well as the elements that have contributed to their success. The partnerships are listed below in their order of success levels. Determination of the most successful partnership is premised on three key factors. First, it is the extent to which HWSETA commits and allocates funds towards the partnership (monetary value towards partner). Second, it is the extent to which the partnership is aligned or responsive to the SPOI list as a proxy for occupations in demand within the sector. Third, it is the extent to which research evidence demonstrates the effectiveness of the partnership through performance information monitoring and tracer studies as a feedback mechanism. The method used to collect this information was based on triangulation, which involved one-on-one interviews with key stakeholders, document review and secondary database analysis.

a) HWSETA partnerships in undergraduate bursary programmes

   In the past five years, the most successful partnership has been with employers in the sector for WBL programmes, particularly the learnership programme. However, the effectiveness of the WBL programme has declined slightly in terms of employment absorption on completion of the qualifications. This decline is attributable to a reduction in workplace capacity from employers in the sector. Over the past four years (2020/21 to 2024/25) in the post-COVID-19 period, workplace capacity 'employers in the sector who open up their workplaces for learning' has decreased at an annual average growth rate of 14%.

   The recent HWSETA tracer study (2024) illustrates that the post-completion employment rate is between 24% and 35% across WBL programmes compared with 59% for the undergraduate bursary programme. This makes the undergraduate bursary programme the most successful partnership in 2024/25 in terms of employment outcomes.

   Several factors contribute to this performance. First, the undergraduate bursary programme received the third-highest discretionary grant allocation in 2024/25, after the learnership and internships. Second, it demonstrated the strongest alignment with the SPOI list in 2024/25 with 49% of beneficiaries enrolled in fields of study identified in SPOI proposed interventions compared with only 4% in learnership. Thus, this level of alignment confirms that the undergraduate bursary programme is responsive to sector demand, particularly supporting high-level skills (NQF 7 and above). The 59% employment rate reported in the 2024 tracer study validates this conclusion.

b) South African Pharmacy Council (SAPC) – pharmacist assistant training and professional development

   The longstanding partnership between HWSETA and the SAPC has been central to expanding the training pipeline for basic and post-basic pharmacist assistants. Through this collaboration, HWSETA has funded the training of 99 practicing pharmacist assistants currently employed across major retail chains such as Dis-Chem and Clicks and in community pharmacies (HWSETA, 2024). In addition to pre-employment training, HWSETA supports the SAPC's CPD conferences, which serve as educational platforms for practicing pharmacists and pharmacist assistants. HWSETA covers registration costs for most attendees, ensuring wide participation in these multi-day training events that keep professionals up to date with trends in the sector. The success of this partnership lies in its ability to both sustain the pharmaceutical workforce pipeline and support ongoing professionalisation of the sector. The HWSETA-SAPC partnership also supports and promotes information sharing and research for understanding sectoral needs of the pharmacy human personnel.

4.3.2 Partnership challenges and proposed measures to address measures

Despite notable successes, HWSETA has experienced several challenges with regard to partnerships as follows:

- Delays in signing MoAs because of slow internal approvals or unclear delegation of authority, particularly in government departments.
- Late or inconsistent reporting by partners, especially employers, which hinders HWSETA's ability to monitor progress and assess impact.
- Difficulty verifying learner placements, especially in rural or informal settings, caused by limited access and unstructured environments.
- Lack of operational ownership by partner staff where signatories and implementers are not aligned, which leads to poor execution and communication.
- System mismatches between HWSETA and partners regarding data sharing, financial procedures and administration, causing coordination delays and inefficiencies

To address these issues, several measures are proposed:

- Engage all levels of partner institutions (including middle and operational managers) before MoA signing to ensure alignment and improve implementation ownership.
- Strengthen compliance mechanisms by enforcing MoA reporting conditions, setting clear deadlines and offering support workshops on report submission.
- Consider withholding funding until partners meet reporting obligations to encourage timely compliance.
- Use regional coordinators or contracted monitors for real-time verification and support in hard-to-reach or rural areas.
- Enhance internal HWSETA capacity by assigning dedicated staff to key partnerships and simplifying administrative processes to improve efficiency and partner support.

4.4 Proposed partnerships

HWSETA recognises the need to continuously review and strengthen its partnerships to effectively meet the evolving skills demands within the health and social development sectors. New partnerships are indeed required, not only to extend reach into underserved communities but also to align more directly with national imperatives such as the NDP, the Human Resource Development Strategy of South Africa (HRD-SA) and the NSDP outcomes – particularly Outcomes 1 (high-demand occupations), 2 (linking education and the workplace) and 6 (entrepreneurship and cooperative development).

Several key strategic focuses underpin the need for new and revitalised partnerships. There is a critical need to develop 22nd-century skills, especially in artificial intelligence, digitised healthcare services and health surveillance systems. In this regard, partnerships with institutions such as the University of Alabama and the Wits Health Consortium have demonstrated the potential for high-impact collaboration. Future partnerships should expand these models by integrating digital health skills, health informatics and AI-driven diagnostics into learnerships and training programmes. A strategic focus on digital capacity-building will also ensure resilience in service delivery and public health promotion, particularly in under-resourced regions.

To address the systemic exclusion of rural and disadvantaged learners from artisan and technical training, HWSETA should deepen partnerships with CBOs, private training hubs such as Durnacol Skills Hub and hospital groups such as Netcare. These partnerships have proven effective in reaching learners with limited educational backgrounds and transforming them into employable artisans in key trades needed for hospital infrastructure, such as millwrights, diesel mechanics and refrigeration technicians. Formalising such partnerships within the District Development Model (DDM) framework will ensure alignment with government's spatial development priorities and broaden pathways for marginalised youth.

To extend the reach of HWSETA's research, more partnerships with professional or statutory bodies are to be pursued in the 2025/26 financial year. These include SANC where engagements are ongoing in data sharing for research and evaluation of programmes and projects in the nursing sector. Similarly, engagements with the HPCSA will be initiated in pursuit of research partnerships.

HWSETA's SDP division is also currently in engagements with emergency medical services (EMS) schools from Northern Cape, Eastern Cape, KwaZulu-Natal and Mpumalanga to construct partnerships that can upgrade EMS practitioners to meet the requirements of the EMS qualification that is now offered in the HET band.

4.5 Conclusion

HWSETA's partnerships remain central to the realisation of its strategic objectives and its mandate under the NSDP. Over the past five years, the SETA has demonstrated the ability to identify, structure and implement partnerships that deliver measurable outcomes in priority areas, ranging from occupational training and professional development to inclusive access for vulnerable groups. The most successful models reflect strong alignment between partner capabilities, sectoral needs and HWSETA's funding priorities.

However, the review also highlights persistent challenges in coordination, reporting and operational alignment, which must be addressed to enhance partnership efficiency and impact. Moving forward, HWSETA will continue to refine its approach – strengthening internal capacity, streamlining systems, and deepening engagement with stakeholders at all levels – to ensure that partnerships are not only well-conceived but also effectively implemented and monitored. Through these efforts, the SETA aims to build a more integrated, accountable and responsive skills development ecosystem.

FIVE

CHAPTER 5: MONITORING & EVALUATION (M&E)

5.1 Introduction

This chapter provides a reflective analysis of the implementation of HWSETA's strategic priorities from the previous SSP cycle. It assesses the progress made in delivering interventions aligned to national strategies such as the NSDP, MTDP, ERRP and various sector masterplans. The chapter also reviews how well HWSETA's skills development priorities were integrated into the Strategic Plan and APP and evaluates the extent to which these priorities were translated into tangible outputs and outcomes. The analysis presented in this chapter is informed primarily by HWSETA's 2024/25 unaudited Annual Performance Report (APR), which documents actual performance against annual targets. The chapter concludes with a summary of key skills implications and proposes a plan of action to strengthen M&E.

5.2 Sector skills planning reflections

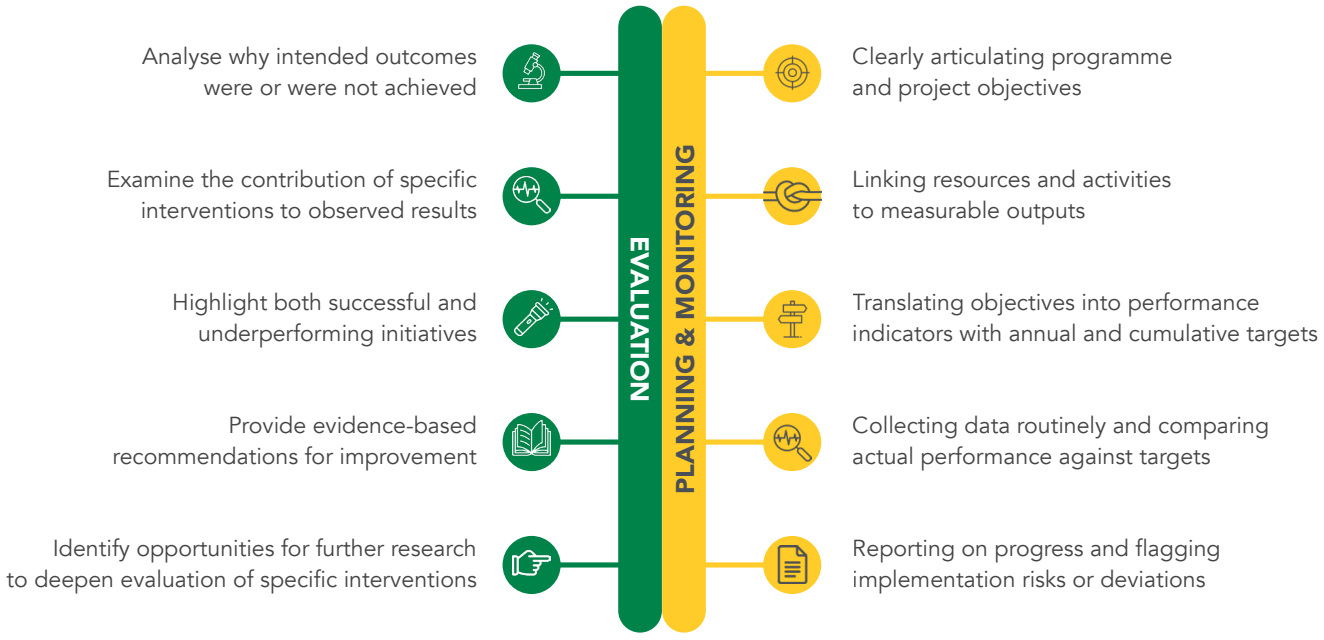
5.2.1 HWSETA's approach to monitoring & evaluation

HWSETA adopts a structured, results-driven approach to M&E, which is central to its performance management, planning and learning systems. At the core of this approach is the Research, Information, Monitoring & Evaluation (RIME) unit, which integrates research, planning, information management and evaluation functions to ensure that strategic objectives are tracked systematically and that evidence is used to inform policy and programme decisions.

HWSETA's M&E framework is operationalised through the Monitoring & Evaluation Reporting Plan (MERP), which is aligned to the organisation's Strategic Plan and APP. The MERP supports the collection, analysis and reporting of performance data against defined indicators and targets. This allows HWSETA to assess the efficiency, effectiveness and impact of its learning interventions and use this insight to inform strategic planning and resource allocation.

The monitoring function at HWSETA focuses on tracking the implementation of programmes and the evaluation function plays a complementary role by focusing on understanding the results and value of interventions.

FIGURE 12: HWSETA'S APPROACH AND INSTITUTIONALISATION OF MONITORING & EVALUATION



5.2.2 Use of Information from previous year's annual report & tracer studies to inform research & planning

HWSETA relies on the APR and tracer study findings as key evidence sources to inform planning and decision-making processes. The 2024/25 Unaudited APR provides detailed insights into performance trends, delivery against targets and programme effectiveness across HWSETA's various learning interventions. This retrospective analysis enables the SETA to assess which programmes achieved their intended outcomes, which encountered implementation constraints and where resources had the greatest impact. The data informs strategic reviews of the SSP, APP and Strategic Plan, guiding the adjustment of targets and refinement of programme delivery models. Tracer studies are conducted annually and offer an additional layer of insight by tracking learner outcomes after training and identifying gaps in post-training employment or workplace integration. These findings are useful to validate the impact of programmes such as learnerships and internships.

5.2.3 Strategic priorities from previous SSP captured in strategic plan & annual performance

The following table lists the SSP strategic priorities for the previous years (2025-2030), which were incorporated into both the APP and the Strategic Plan to ensure alignment and execution.

TABLE 29: HWSETA STRATEGIC PRIORITIES IN THE PREVIOUS SSP REFLECTED IN STRATEGIC PLAN AND APP OF 2025-2030

SSP STRATEGIC PRIORITY	SSP STRATEGIC PRIORITIES REFERENCED IN THE 2025-2030 STRATEGIC PLAN	SSP STRATEGIC PRIORITIES REFERENCED IN THE 2025/26 APP
A sustainable skills pipeline into the health and social development sector *enables entry into employment in the health and social development sector at different entry points*	Strategic Plan p96	APP 2025 p76
The professionalisation of the current workforce and new entrants to the sector *contributes to skills interventions required to improve service quality and efficiency and addresses changes to service provision*	Strategic Plan p96	APP 2025 p95
Vital skills and skillsets required to enable the state to meet its service delivery obligations as a developmental state *support the large-scale skills development of interventions needed for the state to enhance the lives, health, well-being and livelihoods of its citizens*	Strategic Plan p104	APP 2025 p95
Implementation of skills development initiatives linked to the ERRP	Strategic Plan p81	APP 2025 p95

5.2.4 Status on the implementation of interventions & measures in support of national strategies & plans

HWSETA has made measurable progress in implementing interventions aligned with national strategies and plans such as the NSDP, ERRP, the MTDP 2024–2029 and relevant sector-specific strategies. In alignment with Outcome 1 of the NSDP, the SETA prioritised the development of scarce and essential skills in areas such as nursing, epidemiology, ICU and forensic nursing, environmental health and community development. Through strategic partnerships with provincial health departments, the Department of Social Development and the Department of Health, HWSETA supported skills development initiatives that enhance service delivery and workforce capacity within the public sector.

Additionally, ERRP priorities have been addressed through targeted funding for WBL, support for unemployed youth (particularly NEETs) and the professionalisation of social and healthcare workers. Notably, HWSETA's continued support for NHI-related training interventions and digitisation in health services reflects its responsiveness to long-term systemic transformation agendas. These initiatives are also embedded in the APP and budgeted through discretionary grant mechanisms, confirming alignment between national development plans and SETA implementation priorities.

5.2.5 Status of implementation of strategic skills priorities from previous planning cycle

The table below presents the extent of implementation of these priorities during the 2024/25 financial year, based on data drawn from HWSETA's unaudited APR. Actions to strengthen future implementation are discussed later in the section.

The priorities were identified as follows:

- Priority 1: A sustainable skills pipeline into the health and social development sector
- Priority 2: Professionalisation of the workforce
- Priority 3: Vital skills required for the development state
- Priority 4: Implementation of skills development initiatives linked to the ERRP

The skills pipeline into the health and social development sector

In terms of M&E, the table below illustrates the extent to which HWSETA allocated its resources and achieved against set targets of the two key indicators of the skills pipeline to enable employment. The target for unemployed students completing apprenticeships and other learning programmes was 3,340. However, the achievement was significantly lower at 735 (22%), reflecting low success (1-25%). Enrolment targets were more closely met, with 3,554 students targeted and 2,577 enrolled (79%), categorised as substantial progress (76-99%). Partnerships exceeded expectations, with 204 employers participating compared with a target of 147 (139%), indicating excellent performance. Delays in implementing funded programmes by partners played a role in HWSETA not achieving its target. Not all learners complete the programme, which has a high dropout rate because of learners resigning or absconding for better opportunities. Completions are dependent on the relevant ETQA/council processes for which the HWSETA has no control. Employer partnerships demonstrate strong industry engagement, but increased focus on learner support and tracking is needed to translate enrolment into successful completions. Monitoring of individual learner progress to address barriers to completion needs to be enhanced.

TABLE 30: M&E OF SKILLS PRIORITY 1: THE SKILLS PIPELINE, 2024/2025

RESULT CHAIN LEVEL	INDICATOR	TARGET 2024/2025	ACHIEVEMENT 2024/2025	COMMENTS
Output *Number of unemployed students who complete apprentices (artisans) and trainee technicians, learnerships, internships, WIL programmes funded by HWSETA*	Number of unemployed students/persons who complete apprentices (artisans) and trainee technicians, learnerships, internships, WIL programmes	3340	735 22%	2024/2025 [1-25%] – low success
Activity *Number of unemployed students who enrolled apprentices (artisans) and trainee technicians, learnership, internships, WIL programmes funded by HWSETA*	Number of unemployed students entered into apprentices (artisans) and trainee technicians, learnership, internships, WIL programmes	3554	2577 79%	2024/2025 [76-99%] – substantial progress
	Employers in the sector open up their workplaces for learning through partnerships with HWSETA in the reporting period	147	204 139%	2024/2025 [>=100%] – Exceeded annual target

Professionalisation of the workforce

Only 610 employed workers completed PIVOTAL programmes against a target of 4,307 (14%), classified as low success. Enrolment showed better results, with 3,625 workers enrolled out of a target of 6,382 (57%), reflecting good progress (see table below). The skills programme had the lowest achievement rate because it was introduced in the 2024-2025 financial year, thus employers in the sector focused their applications on programmes they were familiar with, such as short programmes. The non-achievement is due to employers implementing short courses over skills programmes that are directly relevant to their skills needs (e.g. CPD programmes). Although 57% enrolment represents progress, the completion rate requires urgent attention. The programme curricula and delivery mechanisms need to be reviewed to ensure they align with worker schedules and capacity. Employer buy-in to support worker participation and programme completion also needs to be increased.

TABLE 31: M&E SKILLS PRIORITY 2: PROFESSIONALISATION OF THE WORKFORCE, 2024/2025

RESULT CHAIN	INDICATOR	TARGET 2024/2025	ACHIEVEMENT 2024/2025	COMMENTS
Output *Number of employed students who complete apprentices (artisans) and trainee technicians, learnerships, bursary, skills programmes, AET and RPL programmes funded by HWSETA*	Number of workers who completed PIVOTAL programmes	4307	610 14%	2024/2025 [1-25%] – low success
Activity *Number of employed students who enrolled to the artisan, learnership, bursary, skills, AET, and RPL programmes funded by HWSETA*	Number of workers entered into PIVOTAL programmes	6382	3625 57%	2024/2025 [51-75%] – good progress
Input	Discretionary grant budget for the professionalisation of the workforce			

Vital skills required for the developmental state

At institutional level, the target for projects funded through discretionary grants was 12, but 21 were achieved (175%), demonstrating exceptional performance. At learner level, a target of 600 learners was set for TVET and public colleges, with 356 learners achieved (59%), categorised as good progress. The overachievement projects funded through discretionary grants was a result of participation by the public sector provincial offices across the Department of Health and the Department of Social Development in programmes directly related to their APP. The HWSETA allocation strategy also prioritised allocation of a higher number to the public sector as it has the largest employers in the sector. While institutional targets were exceeded, learner-level targets fell short, suggesting a misalignment in resource allocation or programme reach.

TABLE 32: M&E SKILLS PRIORITY 3: VITAL SKILLS REQUIRED FOR THE DEVELOPMENTAL STATE, 2024/2025

INDICATOR	TARGET 2024-2025	ACHIEVEMENT 2024-2025	RATING OF PERFORMANCE
Institutional level *Number of projects funded through discretionary grants aimed at the public sector education and training per year and of rural and provincial development projects funded by HWSETA through grants to develop and address mid-level skills in the reporting period*	12	21 175%	2024-2025 [>=100%] – exceeded annual target
Learner/student level *Number of learners in TVET colleges and other public colleges enrolled for vocational training courses funded by HWSETA in the reporting period and of unemployed persons entered into AET programmes funded by HWSETA in the reporting period*	600	356 59%	2024-2025 [51-75%] – good progress

Update on the implementation of the ERRP skills strategy during the 2024/25 financial year

Nine occupations within HWSETA's ambit were identified through the ERRP skills strategy as having skills shortages, including digital skills, which crosscut several occupations. HWSETA has committed to developing these skills shortages through its funding programmes, as shown in the table below.

Notable achievements include ECD practitioners (238%) and digital skills training (152%). Significant underperformance was observed in fields such as biotechnologists (1%), microbiologists (2%) and environmental scientists (4%). Overachievement in areas such as ECD indicates strong programme alignment with sector needs. Underperformance in critical STEM fields signals a need for targeted strategies to attract and support learners. Campaigns are needed to promote careers in underperforming fields, emphasising their importance to national development.

TABLE 33: PROGRESS IN THE IMPLEMENTATION OF THE ERRP SKILLS STRATEGY DURING THE 2024/25 FINANCIAL YEAR

OCCUPATION	QUANTITY TO BE SUPPORTED	ACTUAL ACHIEVEMENT 2024/25	2024-/25 PERCENTAGE ACHIEVEMENT
Research and development manager	13	8	62%
Safety, Health, Environment and Quality (SHE&Q) practitioner	7	3	43%
ECD practitioner	499	1188	238%
Biotechnologist	181	1	1%
Microbiologist	250	6	2%
Environmental scientist (environmental technician)	499	21	4%
Air conditioning and refrigeration mechanic	15	25	167%
Social entrepreneurship	79	21	27%
Qualification in medical technology	1	0	0%
Digital skills	579	880	152%

5.3 Plan of action

To improve the effectiveness of M&E and enhance skills planning, HWSETA aims to prioritise strengthening of internal systems and human resource capacity. The following measures to be taken are highlighted in the table below.

TABLE 34: MEASURES TO IMPROVE IMPLEMENTATION OF HWSETA PLANNING DOCUMENTS

CHALLENGES	ROOT CAUSE	MEASURES TO IMPROVE THE IMPLEMENTATION OF PLANNING DOCUMENTS
Limited effectiveness of M&E and skills planning	Weak internal systems and inadequate human resource capacity	Strengthen internal systems and human resource capacity. Develop integrated M&E and learner tracking systems for better visibility across funded interventions.
Unreliable data for strategic planning	Lack of clear protocols for data collection, validation and reporting	Institute clear protocols for data collection, validation and reporting to improve evidence reliability for strategic planning.
Misalignment of planning documents	Insufficient alignment and feedback loops between the SSP, Strategic Plan and APP	Conduct mid-term implementation reviews and ensure early engagement of programme leads during planning cycles.
Ineffectiveness in addressing sector needs	Limited partnerships with research institutions and insufficient enhancements in tracer studies	Leverage partnerships with research institutions and enhance tracer studies to ensure skills planning is responsive, data-driven and aligned to sector needs.

5.4 Conclusion

HWSETA's Strategic Plan is the main source that provides the framework for monitoring progress and measuring and evaluating the impact of skills development interventions in the sector. HWSETA will continue to use the results of M&E to identify the overall programme focus, streamline the implementation of current programmes and inform the development and implementation of new strategies and programmes.

Looking ahead, HWSETA will prioritise refining its M&E framework by piloting integrated learner tracking systems and conducting regular tracer studies to assess long-term outcomes. These efforts, coupled with strengthened alignment between SSP, Strategic Plan and APP, will ensure that future strategies are data-driven and responsive to sector needs. Most importantly, HWSETA remains committed to translating M&E insights into tangible benefits for learners, workers and employers alike, thereby enhancing the sector's overall productivity and capacity.

SIX

CHAPTER 6: STRATEGIC PRIORITY ACTIONS

6.1 Introduction

This chapter consolidates and presents the key skills findings presented in chapters 1 to 5. Based on the findings of the previous chapters, the chapter synthesises these key skills implications in preparation of recommendations in the form of Strategic Skills Actions.

6.2 Findings from the previous chapters

Key findings from earlier chapters are summarised as follows to guide the HWSETA in setting skills priority actions for the next planning period:

Chapter 1

The health and social development sector remains significantly reliant on the public sector for employment, with a notable gender imbalance – women dominate in clerical, elementary and professional roles, especially within the public sector. Men, however, dominate in skilled trades and machine operation roles. Youth (under 35) are underrepresented in public sector employment, especially in managerial roles, while the private sector shows relatively higher youth inclusion. Disability inclusion is improving in professional and managerial occupations, but remains low in elementary and trade roles. These patterns highlight the need for targeted interventions to promote inclusivity across age, gender and disability, particularly by creating access to technical and leadership roles for women, increasing youth representation in the public sector and supporting disability integration in all occupational groups. Spatial disparities are also evident, with most HWSETA-registered employers and employees concentrated in Gauteng, KwaZulu-Natal, and Western Cape – indicating the need for more geographically inclusive planning. The sector's strong dependence on government funding further necessitates cost-effective and scalable training interventions that can address emerging workforce challenges, including an ageing workforce.

Chapter 2

Key drivers of change include demographic shifts such as an ageing workforce and persistent youth unemployment, growing digitalisation of health and social services and policy reforms such as the NHI and social worker professionalisation. These factors are reshaping workforce needs and driving demand for digital health competencies, mental health professionals and supervisory or specialist social workers. The expansion of community-based and primary healthcare approaches also demands broader skills in public health, data analysis and integrated service delivery. Skills strategies must therefore focus on capacitating the workforce for digital transformation, community-based care and interdisciplinary service delivery aligned to current policy priorities and demographic pressures.

Chapter 3

Occupational shortages in the health and social development sector are primarily driven by supply-side constraints, including limited training provision and a lack of relevant qualifications and experience. HTFVs are most prevalent among nursing professionals and associate professionals, who account for the majority of all reported HTFVs in 2024/25. Other occupations in persistent shortage include ambulance workers, pharmacists and general clerical roles. Demand-side challenges such as poor remuneration and insufficient funding to attract and retain skilled personnel further compound these shortages, especially in rural and under-resourced areas. Skills gaps are widespread across occupational levels, with significant gaps in computer literacy, first aid, emergency response, leadership and regulatory knowledge. Key findings from HWSETA's commissioned studies and stakeholder consultations further highlight shortages in mental health support, emergency care and community-based services, driven by demographic shifts and changing health service models. Targeted, occupation-specific training and inclusive recruitment strategies are essential to close persistent and emerging gaps – particularly for youth and underrepresented demographic groups.

Chapter 4

HWSETA's partnership approach is foundational to addressing system-wide capacity constraints. Partnerships with public entities such as the Department of Health and the Department of Social Development enable targeted training in public health, mental health, supervision and digital health systems. Collaborations with regulatory bodies like the SACSSP and SAPC promote professionalisation, while agreements with academic institutions and NGOs support inclusive and community-based training. Despite notable successes, challenges include misalignment in partner expectations, weak reporting and M&E systems and limited capacity at provider and partner levels. Strengthening coordination mechanisms, enforcing compliance and investing in internal partnership management systems are critical for ensuring the sustainability and effectiveness of strategic partnerships.

Chapter 5

HWSETA has institutionalised performance monitoring tools, including tracer studies, which are increasingly used to inform planning. However, implementation deviations in the APP reveal gaps in project execution, data reporting and real-time monitoring. Limited feedback loops between SSP research, implementation and performance tracking undermine responsiveness. Addressing these weaknesses requires integrating M&E systems with project management tools, upskilling staff for data analysis and enhancing partner reporting protocols. Strengthening M&E will ensure evidence-based decision-making, improve SSP alignment with planning documents and enhance the impact and sustainability of funded interventions across the sector.

6.3 Strategic skills priorities

HWSETA has identified skills priorities for the sector and determined processes that need to be followed.

Priority 1: Strengthening the skills pipeline for health and social development

HWSETA's foremost priority is to expand and sustain the supply of skilled individuals across all occupational levels of the NQF in the health and social development sector. In response to the workforce demographic profile (Chapter 1) and change drivers such as NSDP and MTDP (Chapter 2), HWSETA will:

- Prioritise funding of bursaries, learnerships, internships and WBL to increase inflow into occupations in high demand and those experiencing persistent scarcity, such as nursing, social work, veterinary services and community development.
- Focus on improving access for NEET youth, especially in rural and underserved areas, through targeted interventions and collaboration with DSD, DBE and DEL.
- Support the uptake of occupational qualifications for community health workers, social auxiliary workers and mid-level health professionals through increased partnerships with TVETs and CETs.
- Leverage tracer studies and improved internal controls in WBL programmes to enhance sample reach and evaluate programme effectiveness in improving career pathways.

Priority 2: Advancing professionalisation and service quality

To support service improvement and ethical professionalism in the sector, HWSETA will continue to align with regulatory bodies and public sector priorities (Chapter 4). Strategic actions include:

- Funding skills programmes aimed at improving consistency and quality in healthcare and social welfare services, particularly in response to updated scopes of practice.
- Supporting Continuing Professional Development (CPD) and leadership development to upskill the current workforce in line with new regulatory standards and norms.
- Establish targeted leadership training for mid-level professionals to ensure their readiness for managerial roles.
- Promoting lifelong learning through AET and enabling the use of technology for training in remote and disadvantaged areas.
- Strengthening M&E of accredited training providers to ensure quality delivery and continuous improvement.

Priority 3: Supporting skills for a capable development state

Aligned with MTDP 2024–2029 and ERRP, HWSETA will:

- Enable the production of critical skills needed to support public health and social development services, such as mental health professionals, forensic nurses and environmental health officers.
- Fund skills development for practitioners working with persons with disabilities, older persons and other vulnerable groups.
- Expand partnerships with NPOs, NGOs and CBOs to deliver community-responsive training and second-chance interventions for youth and adults.
- Support public TVET colleges to improve vocational training infrastructure and offer qualifications aligned to current labour market demand.

Priority 4: Enabling inclusive and equitable participation

Chapter 1 highlights persistent inequities in gender and disability representation. In response, HWSETA will:

- Scale up opportunities for women, youth and persons with disabilities in leadership, technical and high-demand health occupations.
- Promote transformation in male-dominated areas such as environmental health and animal health through targeted career development support.
- Support inclusive training initiatives, including mentorship, bursaries and RPL for historically disadvantaged groups, especially in rural provinces.

6.4 Plans to support SMMEs, entrepreneurship & national strategies

Small organisations, including NGOs and NPOs, play a key role in service delivery but face capability constraints (Chapters 3 and 4). HWSETA will:

- Provide training in entrepreneurship, project management and cooperative development to strengthen these institutions.
- Fund worker cooperatives and social enterprises involved in caregiving, ECD and health promotion to improve economic participation.

6.5 Plans to support national strategies & policies

HWSETA's response to national strategies and plans is premised on the NSDP and the MTDP priorities which link to other specific strategies and plans, i.e. Presidential youth employment initiatives. Table below shows HWSETA's plans to support national strategies and policies.

TABLE 35: HWSETA'S PLANS TO SUPPORT NATIONAL STRATEGIES AND PLANS

NSDP	MTDP PRIORITIES	SETA HIGH-IMPACT PROGRAMMES	HWSETA SKILLS DEVELOPMENT PRIORITIES
Identifying and increasing the production of occupations in high demand Linking education and the workplace	Priority 1: Drive inclusive growth and job creation	Significant reduction in unemployment of young people including graduates	• Prioritise funding of bursaries for health, social, and veterinary professionals to increase supply into occupations in high demand as per sectoral needs at high-level skills. • Specifically target NEET youth for WBL programmes, especially in rural and underserved areas, through targeted interventions and collaboration with DSD, DBE and DEL as per sector strategy for employment of social service practitioners and Human resources for health.
Supporting the growth of public colleges as key providers of skills required for socio-economic development	Priority 3: Build a capable, ethical and developmental state	Public sector institutional delivery capacitation	• Support the production of critical skills needed to support public health and social development services, such as mental health professionals, forensic nurses and environmental health officers as a response to national mental health policy framework, Strategic Plan 2023-2030 and National Human Resources for Health strategy 2025-2030.

NSDP	MTDP PRIORITIES	SETA HIGH-IMPACT PROGRAMMES	HWSETA SKILLS DEVELOPMENT PRIORITIES
Supporting skills development for entrepreneurship and cooperative development	Priority 2: Reduce poverty and tackle the high cost of living	Sustainable entrepreneurship and cooperative development	• Provide funding to address skills development needs of NGOs and cooperatives • Support unemployed social workers, social auxiliary workers and community development workers to become social entrepreneurs.
Improving the level of skills	Priority 3: Build a capable, ethical and developmental state	Public sector institutional delivery capacitation	• Support adult education and opportunities to enhance the career mobility of disabled persons • Use discretionary grant funding for targeted projects in the public sector • Fund development of critical and scarce skills at high-, medium- and low occupational levels.
Supporting career development services	Priority 2: Reduce poverty and tackle the high cost of living	Effective and efficient shared services in information and communication technology for SETA-wide learner management system	• Career guidance initiatives market occupations in the health and social development sector.
Encouraging and supporting worker-initiated training	Priority 1: Drive inclusive growth and job creation	Public sector institutional delivery capacitation	• Funding employers to develop the skills of the workforce

The achievement of the above will entail the following activities.

- Collaborate with national and provincial departments to co-implement district-level skills interventions under the DDM.
- Align skills initiatives with ERRP priorities such as employment creation, public health strengthening and digital innovation in healthcare.
- Scale up youth employment programmes that promote skills for care economy roles, public health support and mental health services.
- Monitor implementation performance against APP targets and evaluate the effectiveness of programmes through strengthened M&E systems, including increased use of tracer studies and data sharing with stakeholders.

6.6 Conclusion

Chapter 6 has outlined the strategic skills development priorities that will guide HWSETA's interventions over the medium term. These priorities are grounded in a comprehensive analysis of sector dynamics, including occupational shortages, emerging skills demands, transformation imperatives and the broader policy and economic context. Central to HWSETA's strategy is the need to strengthen the skills pipeline across all NQF levels, support professionalisation in health and social development services and build capacity for a capable developmental state. Furthermore, targeted support for SMMEs, NGOs and CBOs, along with inclusive strategies for youth, women and persons with disabilities, remains a critical focus. The strategic priorities outlined are deliberately aligned with national strategies such as the NSDP, MTDP 2024–2029, ERRP and NHI, ensuring relevance, responsiveness and impact. Through partnerships, evidence-based planning and strengthened monitoring & evaluation, HWSETA will continue to play a catalytic role in enabling a skilled, ethical, and inclusive workforce for the health and social development sector.

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SECTORAL PRIORITY OCCUPATIONS AND INTERVENTION LIST 2026/27									
SETA NAME	PERIOD	OCCUPATION CODE	OCCUPATION	SPECIALISATION / ALTERNATIVE TITLE	INTERVENTION PLANNED BY THE SETA	NQF LEVEL	NQF ALIGNED	QUANTITY NEEDED	QUANTITY TO BE SUPPORTED BY SETA
HWSETA	2026-2027	226201	HOSPITAL PHARMACIST	Clinical Pharmacist/ Health Service Pharmacist/ Hospital Chemist/	Master's degree in clinical pharmacy	9	Y	121	5
					Bachelor of Pharmacy	8	Y		15
					Occupational Certificate: Pharmacy Technician	6	Y		20
HWSETA	2026-2027	222107	REGISTERED NURSE (DISABILITY REHABILITATION)	Orthopaedic Nurse/ Rehabilitation Nurse/ Palliative Care Nurse	Master's degree in Human Rehabilitation Studies	9	Y	33	5
					Bachelor in Nursing (B.Nurs) degree	8	Y		5
HWSETA	2026-2027	222110	REGISTERED NURSE (MENTAL HEALTH)	Child and Adolescence Mental Health Nurse/ Psychiatric Rehabilitation Nurse/ Drug and Alcohol Nurse	Postgraduate Diploma in Mental Health Nursing	8	Y	240	27
					Bachelor in Nursing (B.Nurs) degree	8	Y		53
HWSETA	2026-2027	222117	MIDWIFE	Midwife Practitioner/ Certified Midwife	Advanced Diploma in Midwifery	7	Y	508	28
					Postgraduate Diploma in Midwifery	8	Y		28
					Bachelor in Nursing and Midwifery	8	Y		112
HWSETA	2026-2027	222116	NURSE MANAGER	Nurse Unit Manager/ Charge Nurse/ Charge Sister	Postgraduate Diploma in Health Services Management	8	Y	295	32
					Bachelor in Nursing (B.Nurs) degree	8	Y		65
HWSETA	2026-2027	222111	REGISTERED NURSE (OPERATING THEATRE)	Operating room nurse/ operating theatre nurse/ recovery nurse/ anaesthetic nurse	Postgraduate Diploma in Operating Theatre Nursing	8	Y	689	38
					Advanced Diploma in Medical and Surgical Nursing Science	8	Y		38
					Bachelor of Medical and Surgical Nursing Science: Operating Theatre Nursing	8	Y		153
HWSETA	2026-2027	222108	REGISTERED NURSE (MEDICAL)	Hospital nurse/ general nurse/ prison nurse/ nursing prison officer	Postgraduate Diploma in Critical care (adult)	8	Y	2901	105
					Bachelor in Nursing (B.Nurs) degree	8	Y		105
					Advanced Diploma in Nursing	7	Y		105
					Diploma in Nursing	6	Y		321
					Higher Certificate in Nursing	5	Y		320
HWSETA	2026-2027	222101	CLINICAL NURSE PRACTITIONER	clinical nurse specialist	Masters degree in Nursing	9	Y	4606	251
					Postgraduate Diploma in Primary Health care Nursing	8	Y		251
					Bachelor in Nursing (B.Nurs) degree	8	Y		509
					Higher Certificate in Nursing	5	Y		509
HWSETA	2026-2027	226902	OCCUPATIONAL THERAPIST	Work Rehabilitation Therapist	Bachelor of occupational therapy	8	Y	29	10
HWSETA	2026-2027	221209	RADIOLOGIST	Medical Imaging Specialist/ Sonologist	Master of Medicine	9	Y	28	10
					Bachelor of Medicine and Surgery (MBBCh)	8	Y		6

Health and Welfare Sector
Education and Training Authority
HWSETA

Sector Skills Plan Update 2026/27

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