



POLICY & BUDGET SPEECH 2021/2022



10 June 2021

Madam Speaker, Hon M.E. Masilela;
Premier, Hon R.M. Mtshweni-Tsipane;
My Colleagues in the Executive Council;
Deputy Speaker, Hon J.J. Skosana
Chairperson, Hon J.L.Thabethe and Members of the Portfolio Committee on
Health and Social Development;
Members of the Mpumalanga Provincial Legislature;
Leader of the House of Traditional Leaders, Inkosi Ngomane;
Executive Mayors, MMC's and All other Councilors;
Secretary to the Mpumalanga Provincial Legislature; Mr M.H. Shabangu
Presiding Officers of the Mpumalanga Provincial Legislature;
Acting DG of the MP Provincial Government, Mr. TP Nyoni;
Acting Head of the Department of Health, Ms. DC Mdluli;
Heads of Other Provincial Departments;
Traditional Healthcare Practitioners
Organized Labour;
Hospital Boards and Clinic Committees;
Governance Structures of the Department;
Managers in the Department of Health,
Healthcare workers across the length and breadth of the Province
Our Strategic and Developmental Partners
All stakeholders of the Department;
People of Mpumalanga Province

In his last letter, written before he was murdered in 1961 President Patrice Lumumba wrote:

“Africa will write its own history, and it will be, to the north and to the south of the Sahara, a history of glory and dignity”.

These powerful words by Congo’s first democratically elected President best capture the evolution of South Africa’s health system, from which was only developed for few to a caring and humane society in which all South Africans have access to quality health care. It is common cause that the ANC led government has since the advent of democracy worked tirelessly to write a history of glory and dignity for South Africa’s health care system with a particular focus on expanding health services to the historically marginalised especially those in rural, farming and remote areas, because their needs which are fundamentally different to those in urban areas. It is in these areas that you find more vulnerable people who experience a higher level of unemployment or underemployment, and have to travel longer distances to the nearest health facilities, with higher associated costs than urban areas. Given these relatively higher levels of deprivation, it is expected that the social determinants of health would contribute more significantly to the burden of disease in rural areas, and therefore the unavoidable need to change their realities to that of glory and dignity.

We have recorded some successes, against the backdrop of the assertion that health services are inequitably provided to the historically marginalized especially those in rural despite a range of progressive policies adopted and implemented since 1994. Our achievements include the removal of user fees for all clinics and health centers and for pregnant mothers. The idea was to increase access while also improving service coverage for these rural areas. This is something of note particularly as we celebrate the 150th birthday of Mama Chalotte Maxeke an unmatched women’s rights activist and intellectual.

Charlotte Maxeke is a trailblazer whose courage and outstanding achievements continue to inspire us to write a history of glory and dignity for Africans.

Honorable Speaker, we would not be honest to this house if we concealed the truths that the task of writing a history of glory and dignity for South Africa's health care system is confronted by myriad of challenges which require our collective wisdom and effort to overcome. Serious health system challenges and the problems of inequity remain acute. There are huge inequities in the human resource availability between the private and public sectors, as well as between urban and rural areas in South Africa. The key human resource challenges, relate to production, recruitment, and retention of health workers, which results to inequitable distribution of health care professionals and poor access to health services, particularly in rural areas.

The crucial role of human resources in health systems cannot be over emphasised. The health professionals remain the only single precious commodity whose contribution cannot be reduced to rands and cents because they have remained loyal and true to the call and their profession. We appreciate the contribution of all the health professionals who have chosen to be part of writing a history of glory and dignity for South Africa's health care system by remain in the public sector and in the country, working selflessly at the coal face, warding off all enduring hardships and also continue to deliver health services for our people. The health sector is not only labour intensive but also depends on precise application of the knowledge and skills of its workforce to ensure patient security and health. Therefore, underproduction of the health professionals on one side and increased burden of diseases on the other have a domino effect on the quality of health services, and undermines our mission of writing a history of glory and dignity for South Africa's health care system.

The legacy of inequality both in relation to income distribution and in access to social services is still being felt. A range of studies have detailed the major equity challenges facing the public health sector even today. The total and limited amount of resources available to the South African government has a major impact on health care financing, and the recent budget cuts are not making it any better. The austerity budgets confronting all government departments are proving to a major challenge in the writing of a glorious history for our health care system as they limit what can be done.

There is no doubt in my mind that there is an urgent need for alternative financing sources if we are to make dramatic and rapid progress towards achieving the goal of universal access to health services, and writing a history of glory and dignity for our health care system. This, we must address as a matter of urgency. It has already been established that it is the financing of health care in South Africa that contributes to the inequity. In the face of the current stagnant medical scheme coverage and a growing population, more people are relying on the public health services for healthcare. The result has been significant pressure on the public health budget.

While allowing the private sector to survive, we also need to protect the interests of the general public and their right to access health care. We need to ensure that these resources benefit the majority of people who require health care so that we get the best value for each rand we put into health. I would like to acknowledge that the South African health system faces the challenge of balancing the need to provide universal access to health care services with ensuring affordability and sustainability of the health financing systems. While the international experience has great value and provides important lessons, ultimately we must find a solution that is appropriate for our South African circumstances, bearing in mind that the limitations we face in this Continent are much more pronounced than those of the developed world.

It is critical that we have a basic package of care that is properly costed to an affordable level to ensure that the majority of South Africans have adequate cover that is affordable. We can reduce inequities in health care financing by improving income and risk-related cross-subsidies, while improving access of lower income groups to quality healthcare. This way, we will be addressing the dual challenges of providing universal access to all, while obtaining payment from all those who have the means to pay, while some proportion continue to use private facilities and thus reduce the burden on public services. In a nutshell the National Health Insurance will be critical in writing a glorified and dignified history of South Africa's health care system.

COVID-19 PANDEMIC

Madam Speaker, I am addressing this august house today after a full year being at the heist of a deadly pandemic, Coronavirus commonly known as COVID-19. This virus has brought panic, anxiety, horror, insecurity and grief around the world as well as economic devastations.

Madam Speaker, as a Province as at 09 June 2021, we have recorded 84 501 cumulative total cases of COVID-19 and 81 139 (96%) have since recovered while 1 898 (2.3%) are active cases which is placing the province on alert for the third (3rd) wave. It is heartening to report that 1 464 (1.7%) cases have lost their life since the pandemic started.

The highly affected District being Ehlanzeni that has contributed 33 591 confirmed cases, followed by Nkangala with 26 019 cases and Gert Sibande that has contributed the least with 24 891 confirmed case.

The emergence of COVID-19 globally has brought about both desirable and none desirable effects. One of the positive outcomes is that we have learnt to utilize the innovations of the fourth Industrial Revolution, which in my thinking is an initiative that is here to stay, because it actually makes life much easier for all of us to meet anywhere and at any time.

As a Province, our fight against COVID-19 has been an intense one and our strategy is built within the following pillars which are: active identification of cases through community screening, testing and contact tracing, isolation and quarantine which our dedicated and committed frontline health care workers have led.

Vaccination

Madam Speaker; scientific data shows that vaccination against COVID is the most effective intervention that can interrupt the transmission of the virus by building herd immunity among communities. Our vaccination program which started with the vaccination of Health Care Workers was launched on the 17th February by our honourable Premier Ms Refilwe Mtshweni- Tsipane and we continue with the roll-out vaccination program in phases.

To date I can report to this house that we have vaccinated 21 110 Health Care Workers through the Sisonke Open program which was phase one of the Roll-out program. Currently we are busy with Phase two of the vaccination program and we are prioritizing the citizens who are 60 years of age and above. To-date we have already vaccinated 63 336 elderly people out of the 121 858 who have registered to be vaccinated. We are targeting 333 001 of our elderly people over 60.

We continue to encourage our people to enroll on the vaccine data system. The following programs are implemented to improve registration:

- Community mobilization programs which are led by local leaders and influencers through local media.
- Partnering with strategic local retailers such as Boxer who is a pension pay-point that has already signed an agreement with the Department as a vaccination- and registration site.
- Partnering with all government stakeholders to help mobilize and offer a helping hand to all senior citizens that cannot self-register.

Challenges and Successes

Madam Speaker: The Department appreciates the support from the Executive Council through the Provincial Command Council that has led us to successfully resolve and overcome some of the challenges that came with the efforts to the fight against COVID-19.

Clinic Based Model

Madam Speaker, One of the strategies that assisted the Department in the fight against the pandemic was the Clinic Based Model that is inter-linked to the Ward-based model that was introduced by our honorable Premier. The Clinic-Based COVID-19 Disease Prevention Model is aimed at integrating COVID-19 related activities into the mainstream of the primary healthcare service delivery system, through a strong partnership and involvement of all stakeholders within communities.

This Model focuses on strengthening the Department's efforts on Primary Health Care service delivery closest to communities, thus increasing the accessibility, and ensuring that COVID-related preventative measures continue to take place.

Madam Speaker, I can report back to this august house that two-hundred and fifty one out of two-hundred and ninety (251/290) facilities have launched the model. Our Clinic-Based Model to COVID-19 is specifically targeting those with underlying co-morbidities such as Diabetes Mellitus, Hypertension, Asthma and HIV that put them at a higher risk of infection and death from COVID-19 complications.

Management of Non-Communicable Diseases (NCDs)

Madam Speaker; it is evident that NCDs have markedly contributed to the mortality of COVID-19 patients with Hypertension, Diabetes and obesity ranking as among the top co-morbidities complicating COVID 19 and contributing to mortality.

Mpumalanga province will strengthen its systems in partnership with communities to control NCDs through the implementation of the clinic-based health model during and post COVID-19 to ensure that screening and management of those affected by NCDs are detected and treated on time.

I will, therefore, soon be launching a special project, first of its kind, in partnership with the World Health Organization (WHO) of “**knowing your NCD status**” .During the launch, community health workers will be screening people for diabetes and hypertension at their own household because some of the people who are found to be COVID-19 positive they do not even know that they are hypertensive or diabetic.

Madam Speaker: The Department has set aside R 20 million to procure equipment to take blood pressure at facility level and we have received 1000 BP machines donated to the province to be used by community health workers to screen people for hypertension.

Response to Government Priority 3 on Education, Skills and Health

Madam Speaker: let me come back to the commitments we made as the 6th Administration to attain the MTSF 2019-2024 five-year implementation plan. The plan focuses on the seven priorities and related interventions of the sixth administration of government, and as health we respond to Priority 3: Education, Skills and Health. As a Department of Health, we align ourselves with Vision 2030 of our National Development Plan (NDP) by prioritising efforts towards Universal Health Coverage through implementation of programmes that will ensure **a Long and Healthy Life** for the citizens of Mpumalanga.

Madam Speaker; Significant strides have been made in the attainment of the above mentioned aspirations to improve health of our people.

Maternal, Child, Women and Youth Health

Madam Speaker; we do need to appreciate the impact of COVID-19 on the health outcomes where the different lockdown restrictions reduced utilisation of our Primary Health Care (PHC) services from 2.1 visits per client in 2019/20 to 1.2 visits per client in 2020/21 financial year. However, the impact of COVID-19 is evident in most of our health outcomes including child health and the management of HIV and AIDS, TB and STIs.

To improve management of maternal and child health care services, the Department is implementing a strategy to accelerate implementation of programmes focusing on the reduction of maternal and infant mortality. Furthermore, catch-up plans have been developed and are implemented to retain clients on ARVs and to get more clients tested to know their status.

Madam Speaker; the following interventions are key in attainment of the above mentioned strategy and COVID-19 affected those outputs. To decrease maternal morbidity and mortality. The Department has managed to achieve the following:

- Antenatal 1st visit before 20 weeks' rate is at 75% against the target of 75%.
- The Mother postnatal visit within 6 days' rate is at 74% against the target of 65,5%.
- The Department also managed to initiate 98,4% of Antenatal client on ART against the target of 98% in the current financial year.
- The cervical cancer screening coverage 30 years and older is at 86% against the target of 80%

The above performance has been realized in the reduction of maternal mortality from 92, 4/100 000 in 2018/19 to 66, 6/100 000 in the year under review.

The Department has also managed to achieve the following with regard to the reduction of child morbidity and mortality:

- The infant 1st PCR test positive around 10 weeks' rate is at 0.61% against the target of 1.3%.
- The immunization under 1-year coverage is at 92% against the target of 90%.
- 29 572 School Grade 1 - learners screened for learning barriers and health related challenges against the target of 25 870.
- Vitamin A 12-59 months' coverage is at 51.1% against the target of 60%

The Department has managed to exceed the target of cataract surgery rate of 1600 to 1628 due to the project that involved both private and public doctors.

The Department reduced the malaria case fatality rate to 0.3% against the target of 0.5% in the year under review.

Increase Life expectancy

Madam Speaker; I am pleased to report that according to the Mid-year Population Estimates 2020, life expectancy at birth in the country has increased from 54 years in 2006 to 65.5 years in 2020. The people of Mpumalanga also continue to live longer as their life expectancy at birth has increased from 54.1 years in 2006 to 64.3 years in 2020.

Quality of Healthcare

Madam Speaker; despite the scotch of the COVID-19 pandemic, ten (10) out of our thirty two (32) hospitals achieved the ideal status for self-assessment and ninety six (96) out of two hundred and eighty nine (289) primary healthcare facilities achieved an ideal status.

The Department is gearing itself for public health establishments in the province to be ready and accredited for National Health Insurance through the National Health Quality Improvement Plan. Two quality learning centres have been established to accelerate quality improvement through public-private partnership.

Access to tertiary services (Oncology & Radiology)

Oral Health Services

I would like to appreciate Prof Zeblon Vilakazi, Vice Chancellor of WITS University for collaboration between Mpumalanga Department of Health and WITS University by providing much needed comprehensive Oral Health Services to our people through collaboration. The African child will no longer suffer the agony of toothache and extraction of teeth. They will have preservation of all their teeth when they reach pension age. Rob Ferreira, Witbank and Themba hospitals are soon to be accredited by the Health Professions Council of South Africa (HPCSA) as part of training platform for final year dental students.

Our people will benefit from partnering with a university such as WITS, which is ready to assist and supplement our needs.

Oncology

Madam Speaker: during the 2019/20 FY the department launched the Medical Oncology Services in Rob Ferreira hospital, the first in the province since the dawn of democracy in 1994. Currently only chemotherapy services are provided in the province. This was part of the department's plan to improve the access of specialist services in the province. In April this year Oncology services were also established in Witbank Hospital, with a view to phase in the full services. Cancer patients in the province no longer have to travel for hour to be seen by an Oncologist, this has improved the overall care of cancer patients in the province. The next phase is to establish Radiation Oncology with the support of National Department of Health and WITS University, to this end a team of specialists from the department and WITS university, has been established to oversee the process for establishment of Radiation Oncology services, which is a more complex form of therapy.

Radiology Services

Madam Speaker; the department launched the establishment of 24 hour Radiology Services in April 2020. Currently Rob Ferreira, Witbank, Themba and Ermelo have full time Radiologists daily. This has greatly improved the early diagnosis and prompt intervention by clinicians especially when dealing with multi-trauma patient and other life threatening conditions. For the 2021/22 FY the department has already commenced processes to procure a CT-Scan for Mapulaneng hospital, this will ensure that all the regional and tertiary hospitals in the province to provide a 24-hour radiology services.

Madam Speaker; building tertiary services in a rural province like ours, requires diligence and patience and the department is on the right course towards this realization. In this regard, the Department is continuously engaging other universities to come on-board towards this course.

Provision of Emergency Medical Services

Madam Speaker; the Department continues to prioritise the provision of emergency medical services and interfacility transfer.

However, we shall not remain complaisant as more still needs to be done. We will therefore prioritise integrating PPTS into EMS to ensure that those clients who need priority care, are attended with the speed they deserve within EMS.

Infrastructure

Madam Speaker; despite COVID-19, the Department continues to prioritise on increasing access to quality health services for the people of Mpumalanga by improving the implementation of our ten (10) year health facility planning and infrastructure delivery programme. To date, the following can be reported:

Upgrading of Infrastructure

The Department continues with its long-term high-tech upgrading and construction projects and has allocated **two-hundred and fourteen million, four hundred and twenty-three thousand Rands (R 214 423 000)** for the completion of the following:

- the Upgrading of Mmamethlake Hospital phase 3,
- the upgrading of Bethal Hospital phase 3,
- Upgrading of Rob Ferreira Hospital – Nursing Accommodations
- Upgrading of Impungwe Hospital

Construction

The Department of is continuing with construction of New Middelburg district hospital, Mapulaneng Hospital Phase 3B, New Kanyamazane CHC as well as the construction of Themba and Kwamhlanga Hospitals Maternity projects. The total budget of new infrastructure to the tune of **eight-hundred and seventy-one million, two-hundred and eighty-five thousand Rands (R 871 285 000)** has been set aside for the above- mentioned projects.

Planning

The Department is completing the planning and designs of the New Witbank Tertiary and Impungwe Psychiatric Hospitals.

Completed and to be completed Projects

Madam Speaker; It gives me a great pleasure to report to this house that the following projects have been and some will be completed during this financial year:

- Completed construction of the following facilities:
 - new Kamdladla Clinic
 - upgrading of Rob Ferreira Hospital Oncology Chemotherapy ward and
 - New Pankop CHC.

- The following projects were completed for the Covid-19 Isolation facilities.
 - Conversion of 12 cubicles for Mbejeka Clinic isolations ward
 - Conversion of 12 cubicles for Greenside Clinic isolations ward
 - Renovation of Barberton TB Hospital for isolations
 - Renovation of Barberton Hospital ICU to isolation ward

- Renovation of existing ward in Ermelo Hospital for isolation ward
- Construction of new IBT structure for covid 19 ward in Tonga Hospital
- Upgrading of Impungwe Hospital
- Upgrading of theatre in Witbank Hospital
- Renovation of Standerton TB Hospital for isolation
- Conversion of Allied space into Covid isolation in Themba hospital

Maintenance of Infrastructure

Madam Speaker, out of the R1.7 billion budget on infrastructure, we have allocated 21% for maintenance of our health infrastructure to the tune of **three hundred and sixty four million, five hundred and fifty seven thousand Rands (R 364 557 000)**. This will be towards maintenance of district facilities and Maintenance of various lifesaving equipment including coal and diesel.

Safety and Security

Madam Speaker; when this administration resumed, amongst other interventions to protect our patients and workers was to look into the issue of security and I am able to stand before you and report that strides are being made to improve security in our health facilities by installing concrete palisade fencing in 26 out of 115 health facilities that did not have proper security fencing across the province. This will be a continuous process until all our health facilities are properly fenced.

The Department has started with the installation, commissioning and maintenance of security technology (CCTV cameras, biometrics systems, panic buttons, electronic access control systems and other security related equipment). The work for security technology has resumed at Witbank and Middelburg Hospital where upgrade on existing security technology equipment has been done.

The Department will prioritise hotspot facilities such as Msogwaba clinic, KwaMhlanga hospital and Ermelo hospital and will phase in with other facilities. The installation at Rob Ferreira hospital is currently under way and at seventy percent (70%) work in progress.

Human Resources Management

Madam Speaker; improving Human Resources for health management and leadership is the cornerstone of our interventions as we are service-delivery driven.

Albeit the budget cuts on Compensation of Employees (COEs) during the budget adjustment in 2020/21 financial year, the Department managed to fill 1 744 posts. The Department further processed seven thousand nine hundred and seventy two (7 972) temporary appointments which includes among others, sessional Medical Officers, Malaria Sprayers, and Community Health Workers.

The Department has put aside R84 308 million for filling of 476 critical posts during 2021/22 financial year. The Department will further replace all posts vacated from 01 April 2021.

Madam Speaker; the impact of COVID-19 has brought great sadness and disappointment that the Department had 2 942 employees infected with COVID-19 and 59 of them passed away. May their souls rest in peace. Madam Speaker, let me appreciate the endless efforts of staff in my department that continuously rendered services despite the difficult position they find themselves in.

Financial Management

Madam Speaker; it is evident from the improvement in the audit outcome from the past five years that as the Department we have been improving our environment and internal control in the management of the tax payers money.

We have improved the audit outcome in 2019/2020 financial year as the Department has attained Unqualified Audit Outcomes. We will continue to ensure clean financial administration and to ensure that public finances are spend appropriately.

The Department has built systems to detect, manage and prevent unauthorised irregular fruitless and wasteful expenditure. According to audited statements, our irregular expenditure improved from R6,4 billion in 2016/2017 FY to R3,6 billion 2019/20 FY, while our fruitless and wasteful improved from R16,2 million in 2016/2017 FY to R3,1 million in 2019/20 FY.

Madam Speaker; we must appreciate that our strategies to reduce accruals are bearing fruits without compromising service delivery and our accruals improved from R851 million in 2016/2017 FY to R239 million in 2019/20 FY.

Furthermore, the Department will continue to implement the cost saving strategies or what we termed efficiency projects to improve our budget spend while not compromising delivery of services to the more than 4.5 million citizens of the province.

Medico-legal or Contingent Liability

Madam Speaker; the Department is faced with big challenge of an exposure to contingent liabilities of approximately R10.8 billion as a result of claims related to medical negligence in the main. The Department has now developed an integrated strategy which focuses on the preventative clinical governance aspect and litigation management strategy.

Efficient health management information system developed and implemented for improved decision making.

Madam Speaker Covid-19 has necessitated that we change the way we offer Healthcare to citizens. My Department will be implementing a booking System across all health facilities with the view to decongest our facilities and reduce waiting times. I would encourage that Citizens use this system as soon as it is implemented.

Madam Speaker; the Department will continue with the implementation of the national-driven Health Patient Registration System (HPRS) in hospitals and integrate it with the current Patient Electronic System (PEIS) to ensure that we are able to link and track patient activity from Primary Health Care to Hospital Care.

The Department embraces the 4th Industrial Revolution and we will continue to use ICT Technology to support effective quality healthcare delivery. We will also be investigating the scope of Tele-medicine and other high tech solutions to increase our hard to reach Citizens.

Madam Speaker; to improve efficient health management, the Department will be developing and implementing an electronic integrated Monitoring and Evaluation system for improved decision making and prompt deployment of resources where they are most needed and this tool will also assist in rostering of our health care professionals and EMS personnel.

Budget for 2021/2022 Financial Year

Madam Speaker; the Department of Health Vote 10 is allocated a total budget of **R16,204,083,000 (sixteen billion; two hundred and four million; and eighty three thousand Rands)** for the 2021/2022 Financial Year as per the following budget programs:

Programme 1: Administration Services has a budget of **R332,698,000** (three hundred and thirty two million; and six hundred and ninety eight thousand).

Programme 2: District Health Services has a share of **R10,011,389,000** (ten billion; eleven million; and three hundred and eighty nine thousand).

Programme 3: Emergency Medical Services is given **R427,635,000** (four hundred and twenty seven million; and six hundred and thirty five thousand).

Programme 4: Provincial Hospital Services has a budget of **R1,557,109,000** (One billion, five hundred and fifty seven million; and one hundred and nine thousand).

Programme 5: Central Hospital Services has a share of **R1,376,433,000** (one billion; four hundred and seventy six million; and four hundred and thirty three thousand).

Programme 6: Health Sciences and Training Services has a budget of **R430,277,000** (four hundred and thirty million; and two hundred and seventy seven thousand).

Programme 7: Health Care Support Services has a total budget of **R296,833,000** (two hundred and ninety six million; and eight hundred and thirty three thousands).

Programme 8: Health Facilities Management Services has a share of **R1,771,709,000** (one billion; seven hundred and seventy-one million; and seven hundred and nine thousand).

Conclusion

I call upon all healthcare workers in the department to embrace a new culture characterized by service, timely execution, and discipline of getting things done, as Charlotte Maxeke put it: **“this work is not for yourselves – kill that spirit of self, and do not live above your people but live with them. If you can rise, bring someone with you.”**

Madam Speaker, to all the people of the Mpumalanga who are listening today, from the most beautiful urban centers to the poorest villages and informal settlements; know that today the courageous battle against the COVID-19,

TB, HIV/AIDS, and Poor Health Care Services has is on the rise. And I can assure you, that this journey will not be one of shortcuts or settling for less. We must with courage, carefully carry this great gift of freedom and deliver it safely to the future generations.

Let us write a history of glory and dignity for South Africa’s health care system.

I thank you!

MPUMALANGA PLACE OF THE RISING SUN

Litiko Letemphilo

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