

**Address by the MEC for Health, Ms Fufe Makatong, at the Presentation and Debate of Vote 10  
in the Northern Cape Provincial Legislature on the 06<sup>th</sup> June 2018**

Honourable Speaker  
Premier of Northern Cape  
Head of Government Business  
Chairperson and Members of the Portfolio Committee on Health  
Fellow Members of the Executive Council  
Honourable Members of the Legislature  
Mayors, Councillors and Dikgosi  
Chairperson and Members of the Provincial AIDS Council  
Chairpersons of Hospital Boards and Clinic Committee  
Head of Department and Senior Managers in the Department of Health  
Health Partners and Sponsors  
Representatives of Organised Labour  
Health workers across the length and breadth of the Province  
Distinguished guests  
People of Northern Cape  
Members of the Media  
Ladies and gentlemen

Good Morning!

Honourable Speaker, we stand here in recognition and celebration of the selfless contributions of two icons who will ever-remain the true giants of our struggle against apartheid oppression.

We honour the memory of our beloved Mama Albertina Sisulu who would have celebrated her 100th birthday this year. In the same vein we also honour Madiba who would also have turned 100 this year.

Mama Albertina Sisulu devoted her life to the service of others as a nurse and a struggle stalwart. In the health sector Today, we also salute Mama Albertina Sisulu for her immense contribution to nursing during her 43 years of service and for being a voice to the voiceless.

However, the celebration of Mama Albertina life and times cannot be delineated from the life and times of many women gallant fighters as they were a formidable force against patriarchy in all its manifestations. The memory of the sacrifices of Mama Winifred Nomzamo Madikizela Mandela are still very fresh in our minds as we laid to rest this giant of our struggle a month and a half ago.

Honourable Members, history will judge us harshly lest we forget the selfless contributions of our mentors, Mama Mittah Sperepere, Evelina De Bruyn, to mention a few.

Honourable Speaker, our duty as women of South Africa is to take lessons from the life and times of these gallant fighters as women who always chose the freedom of the poor and vulnerable people and the emancipation of women over anything else.

Honourable Speaker, in preparing our budget vote, I could not avoid to capture what I consider the essence of the reality that confronts us. I recalled the warning words of Prophet Isaiah Chapter 28 verse 20 and so I quote these words:

*“for the bed is shorter than that a man can stretch himself on it: and the covering narrower than that he can wrap himself in it.”*

Honourable Members, with this in mind we are reminded that we need to do more with less. This understanding compelled us to initiate a process of reprioritisation and alignment of our

plans to available budget and further identify areas where we can make savings towards improving services to our people.

Honourable Speaker, we are arguably a very weak organisation and have less to be proud of over the past years, certainly we are going to be tested in the short to medium term as the fiscal realities take toll on the health system. The budget constraints provide us with a real opportunity to take the organisational efficiency to new heights by improving efficiencies.

Honourable Speaker, soon after I assumed the Executing Authority responsibilities to be exact on the 22<sup>nd</sup> of February 2018 my office undertook a province wide consultative sessions to both staff and health stakeholders. These sessions empowered me with an in-depth understanding of inherent health challenges from both perspectives of staff and communities as represented by their respective governance structures.

Upon pondering on the issues raised during the various sessions I discovered that they are mainly related to the human resources, infrastructure, pharmaceuticals, procurement, strengthening governance and staff morale.

This feedback necessitated a broader consultation at a more strategic level that brought about a two-day internal stakeholder consultative meeting where I shared these issues as raised by districts. The outcome of this session confirmed our long held view that service needs should determine organizational priorities and those should find expression in the Annual Performance Plan that we presented to the Portfolio Committee.

Honourable Speaker, we took serious note of the comments and observations of the Health Stakeholders and Portfolio Committee on various service delivery challenges and possible suggestions. We wish to reaffirm our commitment that the plans outlined won't be pies in the sky at the expense of the tax payers, not under my leadership.

Hence we engaged Provincial Treasury and the National Department of Health requesting their assistance in investigating unauthorised, irregular, fruitless and wasteful expenditure.

Honourable Speaker, the ruling party's transformation agenda has been very clear over the years that we are in fact in the process of building a new society. We are not 'rebuilding' as this almost gives an impression that there was a time in our history where universal equality, respect for human rights and dignity existed for all. Hence the introduction of the National Health Insurance towards universal health care coverage for all.

Therefore, the need to emphasise at all material times the co-existence of socio-economic transformation cannot be over-emphasised towards creating a South Africa that truly belongs to all who live in it as articulated in the Freedom Charter.

Honourable Speaker, we are working on a uniform approach with the National Ministry towards the empowerment of the appointed clinic committees and hospital boards. The re-orientation and induction of all governance structures will be completed before the end of the first quarter so as to ensure that these structures are efficient and fully operational in various districts and communities they serve.

Honourable Speaker, health management and governance depend on a shared vision and unity of purpose that seem to be lacking for now. Hence, we implore man and women with the requisite knowledge and commitment to put their skills and expertise at the service of the people in our province, through these health governance structures. These structures are expected to foster social cohesion and activism on health care provision and further dissuade against conspicuous consumption, ostentatiousness and corruption.

Furthermore, we are in the process of decentralising Mental Health services, as a result call for nominations has been advertised towards the establishment of district based mental health boards. These structures will provide the leverage to participate in the governance of the mental health sector and promote the observance of the human rights of the most vulnerable in society. It also gives effect to the statutory intent of the National Health Act to create a partnership for the health of our people between the state and society.

Honourable Speaker, to date we have a total of 36 mental health patients at facility, 39 currently on leave, 7 criminal accused are admitted in our correctional facilities awaiting mental evaluation.

This has resulted in the clogging of the criminal justice system with serious backlogs but is also worsening the congestion in our mental health facilities.

We are hopeful that we will be able to partially operationalise the New Mental Hospital by the 1 July 2018 while exploring additional funding mechanisms towards full operationalisation.

Honourable Members, plans are afoot towards the re-establishment of Provincial and District Health Councils for strategic engagements and interventions on social determinants on health.

Honourable Speaker, we take cue from the Premiers 2018 SOPA, in which she declared, and I quote:

*“This year also marks the 40<sup>th</sup> anniversary of the passing of the Pan Africanist leader, Robert Sobukwe. The history of Robert Sobukwe would never be complete without referring to the city of Kimberley. Driven by the belief that, the Northern Cape Provincial Administration seeks to rename the Kimberly hospital complex to Robert Mangaliso Sobukwe hospital. The honour of renaming the Kimberly hospital complex is to retain the revolutionary connection Kimberly as a City has with the South African father of the Pan Africanism.”*

Honourable Members, we welcome the Premier’s commitment to underpin the process of naming and/or renaming on a social transformative agenda. The Department has also committed to the naming and renaming process of public buildings. In the current cycle, we have strengthened our efforts in collaboration with the Department of Sports Arts and Culture on the renaming and naming of three facilities proposed as follows: -

<b>EXISTING NAME</b>	<b>TOWN</b>	<b>PROPOSED NAME</b>
Kimberley Hospital	Kimberley	<b>Robert Sobukwe Hospital</b>
New De Aar Hospital	De Aar	<b>Deon Danile Madyo District Hospital</b>
Tshwaragano Hospital	Battharos	<b>Kgosi Makgolokwe Toto</b>

Honourable Speaker, it is our desire to bring about management and leadership stability in the department. Throughout my stakeholder engagements there was constant call to end unabated acting appointments that extended over a year or so. In response to that clarion call and in concurring with my predecessor that management overhaul is necessary towards improving efficiencies and departmental performance.

In addition, we established an organisational re-engineering process that will deliver a well consulted and credible Human Resources Plan and Organizational Structure by the end of June 2018. Emanating from this process all vacant funded positions will be filled not later than end of September 2018, so as to do away with acting positions as part of our endeavours to improve health management and leadership.

Honourable Members, we are in a business of providing health care to broader society irrespective of one's origins with a highly limited resource envelope. This budget presentation is premised on the health outcomes and improvement plans towards the realisation of our vision "*Health excellence for all*".

## **Human Resources**

Honourable Speaker, during this critical phase of our country's democratic transformation, we are still confronted with the triple challenges of inequality, unemployment and poverty, as highlighted in the National Development Plan. We continue to embark on radical socio-economic transformation to push back the triple challenges through the NDP, which seeks to eradicate poverty in our country by 2030.

Therefore, this overarching development goal creates the opportunity for an intensive programme for job creation, thus the department took heed to a call of the National Health Council to explore options towards insourcing of security, cleaning, gardening and food services in a phased approach towards full implementation by the end of the current financial year. The appointment of 559 Health Facility Assistants (EPWP workers) assisted to mitigate the risk of poor quality and unclean facilities to ensure the minister's commitment on the non-negotiables is realised.

Honourable Speaker, the positive feedback from our communities is overwhelming in terms of cleanliness of our facilities as a result of this intervention. Through savings identified in gardening services we increased the Health Facility Assistants (EPWP workers) with additional 200 Health Facility Assistants to be placed in areas of great need.

Honourable Members, during 2017 Academic year, the Department provided funding to 103 and 125 recurring health science trainees and medical students in South African and Cuba Universities respectively.

All these efforts are aimed at replenishing the prevailing skills deficit in the province particularly in the rural districts where the density of health professionals to patients is too disproportionate.

This is also a response to the National Development Plan (2011:334) which stresses that the public health system needs to be focused on the promotion of enough trained health professionals to give effect to the constitutional rights that everyone must have access to health care services and that every child has the right to basic health care services.

Honourable Speaker, we cannot have a budget speech to this House without mentioning a very important component of our health care system, Ladies and gentlemen, I am referring to our dedicated and hardworking nurses.

Honourable Members, we currently serve the Northern Cape community with 1546 Professional Nurses, 237 Staff Nurses and 859 Nursing Assistants amounting to 2642 nurses, that is not sufficient to be responsive to the needs of our communities. In order for us to address staff shortages, we need to train and develop nurses through our Henrietta Stockdale Nursing College on an annual basis.

Honourable Speaker, plans are well in advance towards the establishment of nursing satellite campuses in Tshwaragano, Dr Harry Surtie and De Aar Hospitals, awaiting the accreditation by the South African Nursing Council.

Honorable Members, this situation necessitated resource mobilization from stakeholder for continuation of student intake in this academic year given financial constraints in the previous academic year or so.

Honourable Speaker, it is my pleasure to announce that we will have an intake of a minimum of 60 Nursing Students for 2018/2019 financial year on 1 July 2018. This was made possible through a partnership with the Health and Welfare SETA (HWSETA). Once more, its with great pleasure for me to announce that Kumba have committed to fully fund 10 Assistant Nurses from JTG to commence training as Professional Nurses over a period of 4 years.

In addition, both the JTG Trust and SIOC-cdt committed to each sponsor 10 unemployed youth to join Henrietta Stockdale Nursing College as Nursing student for the 4 year studies.

Ladies and Gentlemen, these contributions will enable us to train 90 students nurses commencing in this financial year in basic nursing qualifications of a Diploma in Nursing including Midwifery, Community Nursing and Mental Health Nursing.

Honourable Members, it is important to note that as from January 2020, there will be a brand new Curriculum for training of Nurses in our country. Thus there is need to urgently respond to the needs of the Henrietta Stockdale Nursing College which is our sole provider of nurses in our Province.

Honourable Speaker, we are committed to the implementation of the Nursing Strategy as well as the mentoring, improvement and development of our nurses in our facilities.

On the 31st of May 2018, I launched the Pelotlhomogi Nurse of the Month recognition system for our Nurses and next year at the Provincial International Nurses Day we will announce the monthly finalists who will receive the award for the Pelotlhomogi Nurse of the Year.

Honourable Members, by the end of 2017 Academic Year significant improvement in the training of health professionals as we recorded 75.4% pass rate of our bursars, out of 61 candidates 46 completed their training.

By close of 2017 academic year the department had immensely contributed to the creation of a credible supply pipeline of health professionals for the province by facilitating the placement of these graduates. These graduates have been absorbed by the department to enhance and improve health care service delivery.

In July 2018, 21 Northern Cape RSA-Cuban trained final year medical students will return to South Africa to undertake the last phase of their medical training. Plans are underway to receive and integrate these students in Kimberley Hospital through the departmental collaboration with the University of Free State and Stellenbosch University.

This will serve as a springboard for the decentralisation of medical services from 2019 onwards, the district hospitals will be utilised as training platforms for the medical students and some allied programmes such as physiotherapy and occupational therapy.

43 Nursing bursary holders graduated from Henrietta Stockdale Nursing College in 2017 and did their community service in 2017, they are currently appointed into permanent vacant funded posts.

To improve the capacity of the department in order to deal with complex cases of emergency, two (2) Emergency Medical officers were sent to further their studies as driver instructors while twelve (12) Emergency Care Officers from the province has passed the intermediate life support course.

Honourable Members, the Emergency Medical Services (EMS) College is accredited by the Health Profession Council of South Africa (HPCSA) to train thirty-six (36) staff per annum. Since inception the college has involved itself with the development of one hundred and twenty-three (123) Intermediate Life Support (ILS) employees also awarded the first posthumous diplomas.

Lastly, in our endeavours to improve services and simultaneously create employment opportunities for the masses of our people we recorded the following: -

- 38 doctors were trained and placed in the districts and 86% of these doctors are currently serving the province.
- 131 Health Science Professionals have been trained over the past three years.
- Units such as pharmacy department and radiology and physiotherapy are mainly staffed with departmental bursary graduates.

The current disproportionate rate of the skewed density of patient-doctor ratio is beginning to narrow down and over the next three years the district facilities will immensely benefit from health professional graduates produced through the bursary programme.

### **Medico Legal Cases**

Honourable Members, the Medico-Legal Task Team was established in December 2017 as a response to the rising medical negligence contingent liability. In 2015 the Chief Litigation Officer reported to the Medico-Legal Summit that of the total national medical negligence contingent liability of R25 billion, the Northern Cape accounted for R47,8 million. By the end of 2017 this provincial figure had risen to R1,3 billion (cases where summonses have been issued amounting to R1 055 095 225 and those where notice has been given to the combined value of R382 110 536.

Medico-legal claims pose a serious threat to the department's budget and the first task of the Medico-Legal Task Team was to analyse the cases and thereafter to introduce measures to deal with the current caseload and look at ways to curb the scourge.

The immediate challenge facing the department now is that whereas over the years we had an average of only two cases set down for hearing in a year, in this current calendar year we have 9 cases allocated trial dates in this year. The total value of these cases is R187 million. There are also 18 cases with a combined value of R223 million that are about to be allocated trial dates. This means that our total exposure for this calendar year alone stand at R410 million.

Honourable Speaker, in the last 3 months we have made the following interventions to manage the pressure:

- We have requested the Registrar of the High Court to archive 8 cases with a combined value of R33.4 million as there has not been any movement in the matters for over three years. This will result in a significant reduction in our contingent liability.
- We are taking steps to amend our defences with a view to introducing future medical care as an option to avoid paying for future medical expenses, and in cases where we have to pay, to make payments in instalments.
- With regard to new cases we have introduced a new approach in the structure of our defences informed by inputs from our internal medical professionals.
- Instructions have been given to the State Attorney to engage claimants' attorney on the mediation of new cases.
- We are engaging with Kimberley Hospital to examine the services offered with a view to managing future medical care.

- In the next week we will be engaging with District Health Services and Kimberley Hospital to examine closely the impact of our new defence approach, the risk areas and propose possible solutions.

However, I aligned myself with the National RT intervention whereby we can contribute to the Rescue Tender for legal counsel and intervention at a regulated cost.

Honourable Speaker, we will avoid the temptation of crowing over some isolated successes achieved over the past financial year. Nor shall we seek to justify our mistakes and setbacks as unavoidable. We endeavour to interface our strategic goal to action plans suitable to our limited financial environment, to do more with less resources.

However, we can report to this august house on the key indicators of the health system recorded between 2016/17 and 2017/18 with significant improvement as follows: -

- Maternal Mortality in facility ratio improved from 124/100 000 to 65.9/100 000,
- No. of patients on Anti-Retroviral Therapy increased from 51419 to 57449,
- Mother to Child transmission of HIV has been reduced and stabilised at 1,1%,
- Proportion of HIV amongst clients tested was reduced from 5.5% to 4.4%,
- Prevalence of HIV and AIDS related mortalities has been reduced and stabilised,
- TB Case load decreased from 6115 to 5898, and
- No. of people infected with all forms of TB reduced by 3.7%

Honourable Speaker, the call by the President as further pronounced by the Minister of Health to scale up our treatment through the implementation of 90/90/90 programme resonate well with our plans as you know that many of our people still struggle to access health care services. As we measure the progress made we should always be reminded that we haven't realised our strategic goal of a universal health coverage for all.

Honourable Members, the health campaign to be launched in June 2018 touches on the various aspects of our disease profile namely, the Cancer Campaign, the HIV Surge campaign targeting people for screening and testing for HIV and TB, we will simultaneously screen and test people for Diabetes and Hypertension and put those who are found to be having these conditions on treatment.

## **HIV**

Honourable Members, the Department conducted a mass HIV Counselling and Testing Programme in 2010 which saw more than 98% of the target achieve by the Northern Cape at the time. As HIV prevention is the cornerstone for the reduction and elimination of HIV (Vision 2030), the National Department of Health will be embarking on another similar campaign in 2018/19, the target for Northern Cape being 300 000 people, specifically ages 14-24 years, as well as men in general.

The surge programme will be launched in June 2018 followed by our provincial launch in July 2018 with a target of 303 000 for the National HIV Testing & Treat Campaign.

Proactively, the department has already engaged various key stakeholders such as Provincial AIDS Council, Civil Society, Mines, Correctional Centres, etc. The budget for the roll-out of the campaign is allocated in the grant and this campaign will also include health talks and screening for diabetes and hypertension, etc. In line with this, the target for antiretroviral treatment will be increased from 57 6130 to 67 627. R27m has been budgeted for the success of this campaign

Honourable Speaker, we plan to distribute an estimated amount of 15 million male condoms and 275 190 female condoms and 385 000 in the next financial year.

The department is looking at strengthening the programme for preventing HIV infections among key populations, such as sex workers through a collaborative prevention programme with Life-Line.

Although the province continues to perform poorly on Medical Male Circumcision, the target for the province in 2018/19 is planned at 10 000 with the contracted services provider, CHAPS assisting our hospitals to reach this target, with a budget of above R13 million. A total budget of R210 000 has been put aside to strengthen demand creation and for Mass MMC Outreach Campaigns at specific strategic areas with high volumes.

### **Prevention of Mother-to-Child Transmission (PMTCT)**

Honourable Speaker, the aim of this Programme is to expand coverage to HIV Positive pregnant women to ensure that they are placed on ARV's as early as possible, thus reducing the HIV positivity rate of exposed babies to below 1% (the province is currently at 1.8%). The province aims to reach not less than 65% of pregnant women before 20 weeks and to put 98% of eligible pregnant women on ARV's. Approximately R5.2m has been budgeted for towards this programme in 2018/19.

### **TB**

Honourable Speaker, the budget for the prevention and control of Tuberculosis has been incorporated into the conditional grant to a tune of R28 million for the strengthening of active TB case findings and reduction of defaulters which are negatively hampering on the success of the programme. The department also plans to strengthen multi-drug resistant TB management with the implementation of the Nurse Initiated MDR Treatment (NIMDR) where nurses will directly prescribe and manage drug – resistant TB patients. This will greatly improve the management of TB in the province as the Northern Cape is currently having shortage of doctors resulting in delayed treatment initiation.

Honourable Speaker, the department and Provincial AIDS Council Secretariat have identified areas with high disease burden as part of the "Focus for Impact" project with technical support of Global Funding. This project will see the province conducting "risk profiles" in those identified communities and formulate targeted intervention to address the scourge of HIV and TB.

The National Department of Health is embarking on a TB Prevalence study in each of the nine (9) provinces to determine the number of individuals who may unknowingly be infected and spreading TB on a daily basis. This study will be conducted in the Frances Baard district before end of September 2018.

Honourable Members, in order to improve our response to the challenge of TB in the Province, the TB Budget from the Equitable Share will be augmented with the HIV Conditional Grant by R38m in the 2018/19 financial year. This budget will accommodate the appointment of TB Coordinators in districts, ensure a sustainable supply of TB and Drug Resistant TB medication, Intensified Case finding and the partial operationalisation of the MDR Site at the New De Aar Hospital to alleviate the bed pressure from West End Specialized Hospital.

The Province has already started 58 patients on the short 9 month MDR regimen and 155 on the Bedaquiline treatment. We aim to further increase the patients on Bedaquiline treatment by 291 for the 2018/19 Financial year. These initiatives are aimed at improving adherence to treatment and subsequently improving the treatment outcomes for Drug Resistant TB patients.

In addition, we need to find people who have TB that are either not diagnosed or diagnosed but not on TB treatment, and get them back on treatment.

Honourable Speaker, the Province is planning to contract Non – Governmental Organizations (NGOs) to provide services at facility and community level with a total budget of R110 million allocated in the 2018/19 HIV Conditional Grant Business Plan. Services to be provided by these NGOs includes the following:

- Strengthening of decanting of clients at PHC level through the CCMDD program, some NGOs are already contracted as Pick-Up points where patients enrolled on chronic medication are receiving their medication thus reducing workload in our facilities.
- Defaulter tracing.
- Adherence counselling through facilitation of Adherence Clubs.
- Establishment of support groups for pre – ART clients.
- HIV Testing Services (pre- and post-test counselling, testing).
- Peer education and health talks.
- Missed appointments on child immunisation and antenatal care.

### **Maternal & Child Health**

Honourable Speaker, one of the goals of the United Nations Sustainable Development Goals (SDG's) is the promotion of the sexual and reproductive health of women and protection of children. As we know, Cervical cancer is one of the commonest cancers diagnosed in women with a significantly high mortality rate.

This is mainly caused by the Human Papilloma virus (HPV), of which strains 16 and 18 are the most common types associated with the development of cervical cancer in young girls aged 9 years and above. To this extent, the Department of Health has a programme in place to address early prevention of cervical cancer by vaccinating Grade 4 girls in all public and special schools, where 2 doses are offered bi-annually. The National Department of Health has ring-fenced an amount of R4.6m for this purpose through a conditional grant which will be available in July 2018. This is intended to strengthen school health programme and building capacity for the eradication of human papilloma virus.

Honourable Speaker, the National Department of Health also made available an Indirect Grant for children referred for eye care, hearing aids, dental services and children needing speech therapy that cannot be covered through the district based services. The names of these children are provided to the National Department of Health which will then ensure that these patients are linked with the necessary services. The payments of the services will then be administered by the National Department of Health.

Due to modernisation and move away from Pap Smear to liquid based cytology. Cytology Screening for women over 30 years, of all asymptomatic HIV negative women is available at health facilities and women are encouraged to undergo this every 10 years, while HIV positive women must undergo this screening on a yearly basis.

Honourable Speaker, the Department has partnered with Bristol Myers Squibb Foundation (BMSF) to strengthen the cancer network in the province, initially focussing on respiratory cancers from the Kuruman area. The plan is to develop infrastructure, staffing and referral pathways between the district and the cancer centre at Kimberley Hospital.

In 2017 BMSF sponsored the training of 12 clinical and support staff from Kimberley Hospital and the John Taolo Gaetsewe District to attend a conference and training programme in New Mexico, USA, focusing on the ECHO technique. ECHO stands for Extension for Community Healthcare Outcomes and aims to use information & communication technology to share specialist knowledge from the centre to staff working in the more rural areas – a technique known as “democratising knowledge”.

Honourable Member, the Oncology Unit at Kimberley Hospital is the only Tertiary Oncology Unit in the Northern Cape. In 2017, the Oncology Unit entered into a collaboration with Cancer Charity Workers who are an NPO, to upgrade the Oncology units in the Northern Cape. The other goal of this partnership is to improve awareness, screening, early detection, diagnosis and treatment. The Project will also enable the transfer of skills via Project ECHO (extending community health outcomes).

The Department has also set aside a budget to build a radiotherapy facility in the NC over the next two financial years, so that the number of patients requiring referral to Bloemfontein can be reduced. This project is envisaged to be completed in the next 3-5 years and will cost approximately R50m from the National Tertiary Services grant.

## **EMS**

Honourable Speaker, this period has been marked by so many challenges especially those that are related to Human Resources and fleet, the department lost quite a few Emergency Care Personnel due to accidents and others leaving the service. Procurement challenges have contributed to our programme being unable to boost our operational status with regards to ambulances. Despite these challenges, the programme is achieving two thirds of its targets as stipulated in the 2018/19 Annual Performance Plan. We have seen a gradual improvement in the response time on priority call in the Urban areas across the province, however this is still not good enough as we would love to see 100% achievement on all our targets.

Honourable Members, we convened in the recent strategic session I alluded to earlier I instructed programs to find a way of aligning their budgets with their current priorities. EMS program has been struggling to address the two manned crew and reaching the 1800 personnel as per the National Norms and EMS regulations. Currently the program is at 758 personnel (inclusive of managers and non-clinical staff), which does not even come close to the 50% mark. This shortage of personnel has a serious impact on response times and access to Emergency Medical Services by our communities. The current EMS budget has been struggling to keep up with these demands for the past financial years including the current one.

Honourable Speaker, we managed to procure 52 new vehicles of which 40 of these were ordinary ambulances, 6 rescue vehicles and 12 patient transport vehicles as was promised in the previous financial year. This acquisition has improved our operational status to just about 100 vehicles in the province, however we continue to have some ambulances off the road due to maintenance problems and licensing.

Honourable Members, the department has once again sourced funding through partnerships to further develop the youth of JTG to be trained as Basic Ambulance Assistance. This qualification will in time place these young men and woman to be qualified as supervised Emergency Care Personnel. These youth members were previously trained by the department College of Emergency Care on Emergency Dispatch Course. Our aim is to respond to the call made by the Minister of Health Dr A. Motsoaledi as he instructed that all EMS programs across the country ought to establish automated call centres.

Our college has since been producing impressive results. Since the inception of the college over 100 employees have been trained to the Intermediate Life Support Qualified Emergency Care Practitioners. We have also seen 36 students being upskilled from Basic Ambulance Assistance to Intermediate Life Support qualification. This is a direction towards improving quality of service to the people of the Northern Cape.

Honourable Members, I recently appointed 54 Emergency Care Officers to fill the gaps in the service to our people even though that's not sufficient considering our staffing needs.

Furthermore, our department plans to appoint at least 10 Advanced Life Support qualified practitioners (ECPs) to address the challenge of inter-facility transfers and to ensure quality service to our people.

Honourable Speaker, in an effort to address the identified priorities the department decided to make a once-off shifting of funds from Capital Budget to Compensation of Employees Budget for the 2018/2019 Financial year. The carry through cost of compensation of employees will be budgeted for, from the 2019/2020 financial year.

Honourable Speaker, in light of the above mentioned challenges we engaged in rigorous realignment process of our plans to the available budget we managed to identify resources within the EMS budget. That process resulted in the movement of funds from the Capital to the Compensation of Employees Budget for the 2018/2019 financial year amounting to R 31,7 million. We prioritise these areas as requiring urgent attention towards improvement of our response time to calls and general management of our emergency services outline below as follows: -

- Appointment of the 54 Emergency Care Officers
- Appointment of 13 John Taolo Gaetsewe – Gamagara Development Forum students
- Appointment of 12 Advanced Life Support Practitioners
- Call Centre Automated System
- Conversions of Vehicles

Honourable Members, this move means the program will not be procuring EMS Vehicles for the 2018/2019 financial year as there is insufficient staff to operate these vehicles. Furthermore, we are already having procured vehicles which are awaiting conversions and earmarked to be operational within the 2018/2019 financial year.

### **Improvement of quality of health services**

Honourable Speaker, as part of the process towards National Health Insurance implementation, the National Health Council gave a directive that the quality of services in all Primary Health Care facilities must be addressed through the Ideal clinic programme. At the end of 2017-18; 89/159 (55.97%) fixed facilities were Ideal. This is a process to improve all aspects of the facility and service provision; not only the physical structure of the facility. The target for 2018/19 is to get at least 114/159 (72%) facilities to Ideal clinic status. A similar assessment process for hospitals is in the developing stage at the National Department of Health and therefore quality improvement processes will also include service delivery improvements at hospitals.

Honorable Members, the infrastructure planning for 2018-19 is also aligned to address some of the key necessities like water tanks, boreholes in some areas, waste management and other measures to ensure that facilities comply to standards. Funding has also been allocated to address equipment needs at facility level. A National catalogue has been implemented; which give clear guidelines on the type of equipment to be purchased, the specifications of it as well as tender details.

A key factor to successful implementation and quality health services; is sufficient human resources; thus the finalization of the organogram and the Human Resource Plan will contribute to ensure future sustainability of the programme.

### **Central Chronic Medicine Dispensing and Delivery (CCMDD)**

Honorable Members, this system was implemented to ensure improve access to chronic medication and also assist to decongest the primary health care facilities. Chronic patients,

who are well controlled on their chronic medication, get their medicine packed and distributed through an external service provider. It is thus only necessary for the patient to see the clinician once every 6 months. The pickup point of medication parcel can be at the health facility or through an external pick up point that was assessed and appointed by the National Department of Health to fulfill this function. Currently external pick up points were only established in the Pixley Ka Seme district; however other districts will also identify and establish external pick up points.

Honorable Speaker, to date the number of patients registered on CCMDD stand at 44 405 with a target of 49 394 during 2018/19. An additional R1,6 million has been earmarked from the HIV grant to sustain funding for this programme.

Honourable Members, the NGO sector has been identified as a critical enabler for the distribution medication due to the footprint in our communities. We are working a mechanism to incorporate this function within their scope of practice so as to strengthen our coverage in all districts of our province. This effort is in addition to identified Pick Up Points, adherence clubs and/or community health workers distributing certain parcels when they go out in the community.

### **The Health Patient Registration System**

Honourable Speaker, IT connectivity remains a serious challenge in our facilities as a result service delivery is continuously hampered. The department is working on a plan to deal with this challenge completely by the end of the second quarter.

This system is an electronic patient registration system that provide a unique patient number to the patient and provide some data on patients that visit the facilities. When the system is connected; it provides real time data of patients visiting the facility. The HPRS is the data base for National Health Insurance (NHI) implementation platform; therefore, the drive is to get it to as many facilities as possible because without a registry it will be impossible to implement NHI.

To date, it is only Pixley ka Seme and Namakwa districts where the Health Patient Registration System were rolled out to all Primary Health Care facilities in 2017/18 financial year.

### **Community Health Worker Programme**

Honourable Speaker, in response to the clarion call by the Honourable President Ramaphosa in confronting lifestyle diseases such as High blood pressure, Diabetes, Cancers and Cardiovascular diseases. We started a health walk campaign to improve on fitness and creating healthy lifestyles first and foremost with the officials and communities. We encourage all members and broader society to join us in these health walks.

In addition, to our Primary Health Care re-engineering initiatives in Pixley Ka Seme District we initiated and successfully implemented capacity building of Home Based Care Workers throughout the district through Project Hope. This initiative enabled them to conduct household visits, follow up on defaulters and refer to the clinic where necessary. This programme enabled all health workers including the community health workers to conduct screening and further management of hypertensive and diabetic patients.

Honorable Speaker, the National Department is currently revising the community health workers' strategy as well as the curriculum of community health workers. When done, it will be used to train community health workers to ensure that they can function in the comprehensive primary health care field in order to ensure that screening and health promotion do happen during household visits of these workers. The 2018-19 NGO funding will be aligned to ensure strengthening of this process.

Honourable Speaker, during the Listeriosis outbreak last year, we recorded 6 cases of which 1 baby and 2 adults passed on.

I am happy to announce that since the recall, we have not recorded any new cases this year.

We call on all stakeholders to partner and advocate for a healthy society through provision of information to prevent such outbreaks and unnecessary intake consumables with serious health risks such as alcohol, sugar and salt to mention a few.

### **Kimberley Hospital**

Honourable Speaker, we continue to experience backlogs in various areas of care resulting in complications more especially in ophthalmology and orthopaedics. Kimberley Hospital as our only tertiary hospital continues to renders specialist and sub-specialist care to our people across the province.

The ophthalmology unit conducted a surgical marathon to treat 60 patients for cataract removal and lens implants. The new ophthalmology microscope machine will help to reduce the backlog of cataract surgeries.

Honourable Members, the orthopaedic unit also conducted a surgical marathon to perform 18 hip and knee replacements in an attempt to deal with the backlog. The Kimberley Hospital continues to face significant constraints in accepting orthopaedic referrals from district hospitals, resulting to shortage of beds and delayed operations. Plans are well in advance to capacitate a second orthopaedic operating theatre towards a 24hour service to our orthopaedic patients.

Honourable Speaker, we are committed to deal with all inherent challenges in Kimberley Hospital that I picked up during my oversight visit and complaints received from the general public.

### **Forensics**

Honourable Members, the department is committed to bring back the dignity of the departed by completing the outstanding renovations and maintenance of all state mortuaries in this financial year. There are ongoing consultations with other Provinces for the recruitment of Forensic Doctors and Specialist to strengthen the Province.

### **Pharmaceutical Services**

Honourable Speaker, availability of medication has been a challenge for a while due to change of systems towards a single integrated system being piloted in our province called INTENDA as part of major reforms are being initiated by the National Department of Health to improve medicine availability throughout the country.

Suffice to say however that in conjunction with our colleagues from the various spheres of government most of the problems are in the process of being addressed and it is envisaged that before the end of the first quarter such challenges would have been laid to rest and medicine management between the provincial medical depot and facilities would be a thing of the past.

The medicine visibility at hospitals is another priority that has been targeted by way of having weekly reports that must be submitted to provincial and national spheres of government. The Rx Solution stock management system will be implemented at all the hospitals and community health centres before the end of the first quarter. This will ensure that the information regarding medicine availability at these levels will be adequately addressed.

Honourable Speaker, the stock visibility system (SVS) that monitors the availability of ARV, TB, Vaccine and certain chronic medication has been implemented in all the primary health care facilities. Further enhancements and trainings will be embarked upon the 2018/19 financial year to ensure efficacy in the management of medicine at this the lowest level of our health care system.

Honourable Members, I am now registered on the system to monitor stock availability at all facilities in the province with a click of a button so as to detect stock levels and possible challenges.

In addition, we will add 1 pharmaceutical vehicle per district for distribution of medication to facilities.

### **Infrastructure**

Honourable Speaker, in order to improve infrastructure delivery in various health facilities the site handover took place during September 2017 at Boegoeberg and Bankhara Bodulong Clinics and construction works are underway. The construction of a satellite clinic in Pampierstad (Sakhile) has reached completion and ready for operationalisation.

The Out Patient Department at Galeshewe Day Hospital has been prioritised for the refurbishment following the damage by fire in October 2017. The designs for a new OPD have been signed off.

Delays have been experienced on the completion of the Nursing College Student Accommodation. Progress on this project is very slow which will ultimately cause further delays on the completion date. Construction works at Springbok Hospital pharmacy and mortuary have commenced. These two project will be completed in 2019.

Honourable Members, three (3) of the six (6) laundries prioritised for upgrades have reached completion. Contractors will be appointed to complete the remaining laundries. There are preventative maintenance contracts for fire-fighting equipment, heating, ventilation and air conditioners and standby generators to ensure compliance to regulatory maintenance requirement in the health care facilities.

A new casualty unit, maternity unit, fencing and security guardhouse at Olifantshoek CHC have been constructed through generous funding of the Gamagara Development Trust and ready for opening in July 2018.

Upgrading work at Postmasburg Hospital theatre unit are ongoing and targeted for completion by the end of this year with funding from Kolomela Mine.

Honourable Members, the Health Facilities Management programme has commenced with the construction of medical waste storage rooms in 25 health care facilities. This improves the compliance to health care risk waste regulations.

The New Mental Health Hospital has reached 99% completion. The outstanding work at the facility is on the calibration of the door lock system which will be completed before end of June 2018 for occupation in July 2018.

Kagung Clinic will be handed over to the department on the 21<sup>st</sup> June 2018. Construction of Port Nolloth CHC which commenced in 2016 is earmarked to reach completion in September 2018.

Honourable Speaker, the roof at Glenred Clinic in JTG was blown off by storm in February this year. Currently the health services are rendered from mobile containers. Interventions have been made to construct a new clinic at the same site that will comply to the requirements of

Ideal Clinic. The design has just been approved and construction works will commence before the end of this financial year.

Honourable Speaker, the infrastructural challenges at the Central Karoo Hospital compelled the relocation of the hospital and district office to the New De Aar Hospital. The hospital is currently operational at two thirds of its bed capacity. Additional staff and equipment will be required to fully operationalise the hospital. This relocation also resulted in the rationalisation of Human Resource and Finance capacity of hospital and district. Plans are well in advance in engaging relevant stakeholders, towards ensuring full operationalisation of the facility.

Honourable Members, service delivery at the Galeshewe Day Hospital was temporarily disrupted due to fire in October 2017. The patient records were destroyed; as result a contingency plan was put in place to ensure that communities are still able to access health care services. All maternity cases were redirected to Prof ZK Matthews and Kimberley Hospital, Acute and Chronic care patients were redirected to nearby clinics. Galeshewe Day Hospital resumed its normal operations after the incident.

Honourable Speaker, the Deputy Minister of Minerals and Energy, Mr Godfrey Oliphant on behalf of the then-Deputy President, Hon Cyril Ramaphosa, officially opened the One Stop Clinic for ex miners in Kuruman Hospital on the 5 December 2017. This fully functional clinic was mainly funded by the European Union and contributions from other mining sector in John Taolo Gaetsewe District. All 10 staff members employed at this clinic are funded from the equitable share budget of our department that was not budgeted for. However, the critical role of that facility cannot be under estimated as more than 6000 ex-miners will access this clinic for medical examinations in order to claim for compensation of occupational diseases and injuries.

Honourable Speaker, the contributions and support of the private sector cannot be overemphasised. In our endeavours to improve health care provision to rural communities at times we depend on private institutions through collaborative projects such as DoH/Kumba Batho-Pele that provides comprehensive health care to communities and villages where there are no clinics such as Maphiniki, Kagung and others. In addition, these companies created health care centres in the premises for easy access to health for their employees such as Black Rock Mine Clinic and others. Aggeneys Clinic was renovated and refurbished by Vedanta Mine and further donated essential medical equipment to facilities within Khaima Local Municipality. Both Kuruman and Tswaragano Hospital received fully furnished maternity parkhomes from BHP Billiton through PATH. The emerging solar parks came on board in support of health care through to date we received an ambulance from SONNEDIX Solar Park for Prieska community.

Honourable Speaker, I thought these contributions are worth mentioning as they continue to strengthen our health care delivery mechanisms. To those I haven't mention we are eternal grateful for your support.

### **Budget Analysis**

Honourable Speaker, currently the department has serious budgetary challenges emanating from previous financial years. Historical contractual commitments which were not adequately budgeted for the preliminary commitments for which contracts have been signed and service providers are currently rendering services. We have also noted with concern that in certain instances, contracts entered into not adding any value such as storage of decommissioned ambulance and vehicles while we have enough storage space.

Poor project management within the Department has created a situation whereby service providers are not paid within 30 days resulting in delays to complete projects on time at

escalated cost due to interest incurred. A typical example is our Mental Health project in Kimberley which was initially planned to be completed over 5 years; and, was budgeted for accordingly but took 13 years to complete.

The Department has a preliminary figure of R432.7 million of accruals from the previous financial years, which could not be paid in the previous year due to insufficient funds. This will have a carry through effect in the current year as it will require the current year's budget to be used to pay the accruals instead of utilising it for the activities as outlined in our Annual Performance Plan.

Honourable Speaker, the total allocation for the 2018/19 financial year is R4.7 billion. The department's budget baseline for 2018/19 shows a significant growth of 2.3 per cent from the adjusted budget of 2017/18 and 8.3 per cent growth on average over the 2018 MTEF. The positive growth is attributable to the additional funds amounts of R370 million as baseline adjustment to ensure that non-negotiable and contractual obligations are adequately budgeted over the 2018 MTEF. Further, an amount of R395 million allocated over the 2018 MTEF to ease the budget pressure on the historical shortfall of improvement of conditions of service.

The compensation of employees is R2.8 billion which grows by 13.4 per cent when compared with the adjusted budget of R2.5 billion in 2017/18. Personnel costs are the main cost drivers of the department, hence constitutes 60 per cent of the budget allocated for 2018/19 financial year. This significant growth is to cater for the shortfall on the improvement of conditions of service including the danger allowance over the 2018 MTEF as well as the correction of conditional grants business plans to budget adequately as well as for appointment of health professionals, medical allied workers. The compensation of employee's budget shows an increase by 5.8 per cent and 6.8 per cent in 2019/20 and 2020/21 respectively.

Honourable Members, goods and services represent 29.5 per cent of R4.7 billion allocated for the 2018/19 MTEF year. The goods and services show a growth of 5.5 per cent when compared to the R1.3 billion adjusted budget of 2017/18. The Ministerial non-negotiable items such as medicine, laboratory services, medical supplies maintenance and repairs, municipal services and patient catering remains the main cost drivers in the goods and services allocation. The budget shows an increase by 13.5 per cent and 15.2 per cent in 2019/20 and 2020/21 respectively.

The budget for payments of capital assets is R359.4 million which shows a decline of 45.5 per cent compared to the R660.1 million adjusted budget of 2017/18. This negative growth is due to roll overs approved during the 2017 adjustment budget as well as the once off allocation of performance-based incentive within the Health Facility Revitalisation Grant received in the 2017/18 financial year.

The budget for administration is R207.6 million which increased by 6.8 per cent from the adjusted budget of R194.3 million in the previous financial year. This minimal growth is due to the once off allocation to relieve budget pressure on contractual obligations including accruals. The budget shows an increase by 5.8 per cent and 5.5 per cent in 2019/20 and 2020/21 respectively.

### **Budget Allocations**

Honourable Speaker, the health budget allocation for the 2018/19 financial year is R4.7 billion, the equitable share amounts to R3.4 billion while the conditional grants constitute R1.3 billion and is allocated as follows: -

R thousand	2018/19
1. Administration	207 639

2. District Health Services	2 169 978
3. Emergency Medical Services	323 757
4. Provincial Hospital Services	369 126
5. Central Hospital Services	1 029 598
6. Health Sciences and Training	137 809
7. Health Care Support Services	119 223
8. Health Facilities Management	378 065
Total Payments and Estimates	4 735 195

Honourable Members, as I indicated earlier that this budget is premised on the realities and experiences of our people during my broad stakeholder consultations. This has presented us with an opportunity to be more innovative and creative in finding ways to achieve our strategic goals despite the budgetary constraints. Our endeavours to save cost while improving serves to our people can be clearly demonstrated through agreed upon insourcing of some of the services where we do not derive any value for money spent in services such as storage of decommissioned ambulances, food services, gardening services and security services.

This exercise is intended to alleviate pressure on the Equitable Share budget while availing resources to services delivery gaps identified.

Honourable Speaker we will endeavour to achieve more with less by putting the following measures.

- Reprioritise and streamline Department spend to align it with Annual Performance Plans, with a view to reducing unauthorised, irregular, fruitless and wasteful expenditure;
- Review of financial powers and delegations;
- Engage Provincial Treasury and the Office of the Premier and National Department of Health to address the perennial problem of millions of conditional grants funds that are either unspent or irregularly spent;
- All outstanding infrastructure projects will be prioritised for completion this financial year and focus will be on maintenance;
- Identify all open-ended deals and contracts with a view to approaching a Court of Law to have them declared null and void in order to arrest the uncontrolled growth of accruals;
- Take disciplinary and other consequence management measures and engage law enforcement state agencies where such actions are necessary;
- Approach Executive Council for condonation of accruals that remain after every measure has been taken to reduce and, ultimately, eliminate them;
- Engage Provincial Treasury for re-classification on non-negotiables budget to be isolated from Goods and Services for proper monitoring;
- Urgent intervention is required in our project management as well as contract management to ensure that the project planning is aligned with the available budget to prevent our projects from being behind the available budget.

Honourable Speaker and Members of this August House, I humbly commend the suggestions and comments from those we seek to care the patients, staff, stakeholders and concerned citizens of our province for enriching this Budget Vote for the Financial Year 2018/19.

## **Conclusion**

In conclusion, let me take this opportunity to thank the Chairperson and Members of the Portfolio Committee on Health under the stewardship Honourable Chotelo and her SCOPA

counterpart Honourable Beukes for their unwavering support and working together throughout this period. I also wish to thank our donors and partners for the massive financial and technical support.

Finally, I wish to thank my team health led by the HoD Mr Steven Jonkers, as well as the entire staff of my Department.

**I thank you!!**