

**ADDRESS BY THE MEC FOR HEALTH,
MR. L.J. MOTLHAPING, AT THE PRESENTATION OF VOTE 10
IN THE NORTHERN CAPE PROVINCIAL LEGISLATURE
ON THE 19th MAY 2016**

Honourable Speaker, Mr. Kenny Mmoiemang;
Honourable Deputy Speaker, Ms. Juanita Beukes;
Honourable Premier, Ms. Sylvia Lucas;
Honourable Members of the Executive Council;
Chairperson of the Portfolio Committee on health, Hon Dr. Dithebe;
Honourable Members of the Provincial Legislature;
Distinguished Guests;
Departmental Officials under the leadership of HoD, Ms. Gugulethu Matlaopane;
Our stakeholders;
Ladies and Gentlemen;

Good morning! Goeie more! Dumelang! Molweni!

It is my pleasure to deliver my inaugural Budget Vote of the Northern Cape Department of Health for the 2016/17 Financial Year to this august house.

It is an honour granted to me by the ruling Party, the African National Congress, and particularly the people of the Northern Cape who have repeatedly, through their vote, expressed an abiding confidence in our ability to govern in their interests.

These are the people who have kept us focused, giving praise here and there, including much critical needed feedback; that is often robust. With countless others who play a seminal role in the functioning of the health system, volunteering their skills and expertise in clinic committees, Hospital Boards, the Mental Health Review Board District Health Committees and Provincial Health Forum amongst others.

We appreciate each one of them; they must be lauded for the role they play in our governance, particularly the public health system. Their continued activism honour the truism that, **“The People Govern”**.

At the axis around which our existence as a department rotates are the thousands of people of all hues and ages who make use of our services in communities and in our facilities. Without the people, shorn of their needs dictating the health services that we provide, our relevance as a department ceases.

Honourable Speaker, this budget is therefore about the people and for the people. It is about ensuring the practical realisation of our vision-providing **Health Service Excellence for all!**

The World today, including our own country and province is under the grip of a resilient and constrained economic environment. It is not an environment which is incubated within the health sector, especially health practitioners and more so the people who deserve quality public health care services. This, notwithstanding, the South African health policy and legislation over the past years, has been phenomenal.

Honourable members, these policy shifts took place in the context of declining economic growth, the monetary constraints in the budget baseline, and diminishing donor funding for health care financing. It shows there is insufficient fiscal space to afford and sustain much needed interventions and achieve health targets. Its implication, particularly our Province which contends with multiple challenges is not simple.

Neither is it an environment created by the poor, the aptly termed **“Have Nots”**, who desire state activism to meet their basic needs as enshrined in our constitution. A living document whose 20th Anniversary of its promulgation we will observe later this year.

These are the people that are now bearing the brunt of constrained budgets, and curtailed growth of service delivery inputs. Despite these we remain focused to ensure that this reality does not undermine our democratic ideals of common prosperity. We need to continue to work hard!

Honourable Speaker, there are also historical factors that we have to progressively address in respect of health resourcing in the Northern Cape to alleviate the current service delivery environment. These are in addition to the mischief of gremlins gouging at public resources, not barring the unattractive global economic context referred to earlier.

Our analysis indicates that as a proportion of the Provincial Equitable Share of the Provincial Budget we are allocated about 25 percent for public health services compared with a 29 percent national average, with the province at the enviable end of the spectrum being Gauteng, receiving 35 percent as a proportion of their provincial equitable share.

The total budget of the Department for the 2016/17 financial year is R4 197 505 billion, 0.7 percent decline. There is a positive growth of 2.9 percent in 2017/18 and 6.5 percent in 2018/19 financial years. It is common cause that any growth that is below CPIX and inflation is not real growth, however the resources available to the state mimic the performance of the real economy.

The real economy has remained under pressure due to the downward spiral of primary commodity prices. The implications for health costs is even higher as a consequence. This is worsened by the inflated costs of pharmaceuticals such as the costs for managing Multi Drug Resistant Tuberculosis (MDR TB) and some of the Non-Communicable Diseases.

Honourable members, our scenario is further compounded by the fact that our budget is the lowest as a proportion of the provincial allocation of the Equitable Share. Yet we compete in the same pool with the rest of the country for skills and expertise to meet the expectations of the deprived kids, “tannies, Oompies and Oumas,” in Garies, Bankhara-Budulong, Majeng, and elsewhere in our province.

The increasing costs of the basket of commodities such as rent and accommodation, food, cleaning material and fuel have a proportionate effect on our costs and expenditure. This is something that this august house must ponder about. We together need to develop sustainable and responsive strategies going forward.

We are also pleased to indicate that the internal process of the review of the organizational structure has been completed. Once the structure is assented to by the Executive and Department of Public Service and Administration we will commence with its progressive implementation, in the context of the resolution of the Executive Council resolution in respect of filling vacancies in the public service. Ensuring that we appoint men and women who are fit for purpose.

The capacity of our districts, at the coalface of service delivery is worrying, especially when you look at the District Management Offices such as that of Namakwa. Our organizational management structure currently resembles an inverted pyramid; this makes it cumbersome to devolve authority for even simple operations. It is something that the department must address.

In the same vain where authority is devolved it must be exercised for the benefit of the department, such as in the case of the managerial tasks in respects of the management of Remunerative Work Outside the Public Service and Commuted Overtime for Doctors. This will ensure that we remunerate for actual work done.

The reasonable assumptions for the provision of salary increases in the baseline for the 3 years of the 2016 MTEF cycle commencing in 2016/17 are 6.2 percent, 5.8 percent for 2017/18 and 5.8 percent for 2018/19.

Honourable Speaker, the budget for the administration is R180 368 million, a 0.9 percent growth. The compensation of employees grows by 5.6 percent when compared with the 2015 adjusted budget. Personnel costs are the main cost driver as it constitutes 54.2 percent of the budget allocated for 2016/17.

This also speaks to the reality that health services are intrinsically depended on human agency. People are the greatest resource of any health system, it is a uniquely specialised endeavour, even for tasks that are considered basic in a different context.

That is why, honourable members, staffing and reduction of the current vacancy rate within the department, will be attended to. I have instructed the Accounting Officer to generate a plan, aimed at filling all critical posts, as a matter of extreme urgency. I do not want any employees to be on contract or acting!

Honourable Speaker, we are also similarly challenged like the rest of the country by what the Honourable Minister of Health, Dr Aaron Motsoaledi has characterized as the, **“four highways along which South Africans are marching to their graves”**.

These being:

1. A huge burden of HIV and AIDS and TB
2. A burden of Maternal and Child Mortality
3. An ever exploding burden of Non Communicable Diseases (NCDs), most appropriately referred to as diseases of lifestyle, and
4. Injury, violence and trauma on our roads.

There are varied social determinants in our society that simultaneously cram and expand these highways with people, putting the health system under constant pressure. These highways threaten to erode the self-evident progress we have made since 2009 in particular.

We thus need to vigorously pursue the seventeen Sustainable Development Goals (SDG) adopted by the United Nations General Assembly, especially Goal three (3) which is health specific.

In respect of the previous Millennium Development Goals that lapsed in 2015, these seemed to have been trump by the transformation imperatives of the time; hence it's only in the latter years that we developed tangible indicators to track progress.

All sectors of our society thus need to immediately get out of the blocks and put shoulder to the will to realise the targets of SDG three (3). The objectives of which are well articulated in our plan for the medium term.

Honourable Speaker, even though there's economic pressures, progress is indisputable. The country must be lauded for the remarkable advancement it has made under the current government as led by the ANC. The pundits who often remind us that “**figures don't lie**” have either been silent in their praises or have not seen the figures or at worse are in denial.

The Rapid Mortality Report by the Medical Research Council covering the period of 2009 – 2014 released in December (2015) last year indicates that over a period of about five years, life expectancy increased from 57.1 to 62.9 years markedly exceeding the target of 59.1 years over the said period.

The National Development Plan target of achieving a life expectancy of 70 years by 2030 should now be easily reached or surpassed. Our optimism is borne by the facts at hand, and combined with our unhindered determination to improve the quality of life of all South Africans.

This is buttressed by important improvements in key indicators of the health system. We can proudly report and indicate to this august House and the people of the Northern Cape that between 2010/11 and 2015/16, the following improvements were recorded:

- Maternal Mortality in facility ratio improved from 112.5/ 100 000 to 124/100 000,
- Total of Patients on Anti-Retroviral Therapy increased from 15 233 to 48 298,
- The proportion of HIV amongst clients tested was reduced from 11.4% to 5.5%
- The mother to child transmission of HIV has been reduced and stabilised at 2%, our objective is to reduce this figure to 1.5% by the end of the financial year,
- We also stabilized the prevalence of HIV and AIDS with a visible reduction in the escalation of mortalities as a consequence of AIDS related deaths,

- The number of people infected with TB (all forms) was slightly reduced by 2% between 2013 and 2014, and
- The annual TB case load decreased from 7 016 in 2013 to 6 879 in 2014.

We must not lower our guards nor rest on our laurels, instead we should continue efforts to halt the spread of HIV and AIDS. The **Abstain, Be faithful and Condomise (ABC)** message must not disappear from our vocabulary. We will further improve the supply chain and logistics management for the distribution of condoms to improve access to condoms. We have planned to procure 17 million condoms for the financial year 2016/17.

There has been a challenging uptake of the Medical Male Circumcision (MMC) initiative, we have allocated R2 million towards upscaling it. We further wish to implore men, young and old, to seize the opportunity for Medical Male Circumcision. Our health promotion team shall henceforth crisscross the length and breadth of our province to ensure that this campaign is realised. **SISHODA NGAWWE !**

Honourable Speaker, the partnerships with mines we announced last year have been fruitful in our TB, HIV and AIDS, Sexually Transmitted Infections prevention and treatment. Our objective is to expand on these. We are currently undertaking an initiative to empower nurses to initiate MDR TB treatment, this will alter the doctor driven approach and surely improve treatment. Sixty percent of the people visiting our clinics will be screened for TB.

We need to ensure that our TB cure rate remains consistently above eighty-five percent to stand a chance in our fight to reverse the threat of TB. We rely on cross sectoral interventions and the local sphere of government in particular; together we must ameliorate the conditions that give rise to the negative social determinants of health in our communities: clean environments, free of pollution and dirt are critical.

We must take the opportunity to thank the Development Bank of Southern Africa that has been an invaluable resource in their endeavour to renovate the Voluntary Counselling and Testing Centres in some of our facilities.

Together we have multiple efforts for the year ahead. They are part of a host of others whose philanthropic efforts are invaluable.

Honourable Speaker, with the interventions that government is implementing as part of the Medium Term Strategic Framework we expect to achieve greater progress. The Programme of Action of government is based on the goals set out in the National Development Plan (Vision 2030). Not only do we have a plan, we are meticulously implementing it.

Notable progress has been made in the revitalization of structures and systems in the implementation of National Health Insurance (NHI) in the Pixley ka Seme district. As an example, we are happy to report that ward based teams have been established in all 38 wards. These teams are extremely important in the early detection and management of diseases.

We are working together with the National Department of Health to introduce a uniform records archiving system in the pilot district and an appointment system for patients to deal with long waiting times in queues. We trust that these innovations will be favourably received by the people. These interventions are essential to improve the quality of data which is seminal for health planning and systems mapping.

As Honourable members will remember, the Green Paper on NHI identified activities to be undertaken in selected districts, those have been initiated in our pilot district. Some of those have been spread beyond the boundaries of the pilot site, such as the ongoing introduction of electronic patient registration system and connectivity.

In the months ahead we will be holding community dialogues to conscientize communities and our stakeholders about the NHI White Paper. Lessons learnt from the NHI pilot will continue to be used to further strengthen service delivery in the other districts. Primary health care (PHC) is the heart-beat of NHI and our drive is Primary Health Care centred. The PHC services include health promotion, disease prevention, curative (acute and chronic clinical) services, rehabilitation and palliative services.

We are also rolling out the Ideal Clinic realization project and ward based teams in all the districts of our province. The Minister of Health has hinted at numerous interventions that will overhaul particularly the Primary Health Care System. A needs assessment for the ideal clinic realization project, the public health focus of the Presidential Operation Phakisa, has already been completed in the Province.

The ward which is where our people reside, ascendingly constitutes the plate on which we offer our planned health services for consumption by the people. It is our contribution to a holistic approach as this government; to provide comprehensive services and create humane human settlements. Therefore, our Primary Health Care approach is anchored in the Manifesto of the ruling Party for the local government elections; geared towards taking government and services to the people.

Change in our health care system is imminent; no facet of it will remain untouched. Working with our sister department, a clear plan will be developed for the roll out of the school health programme in all the designated schools.

The challenge that we must address in the implementation of the community based services, including the school based services is the horizontal and vertical integration of the service. Importantly, in so far as the school health services are concerned only the Namakwa and ZF Mgcawu district do not have dedicated teams, even the other three do not have complete teams and a systematic focus must be given in this regard. Effective teams must be established in all the districts by the end of the second quarter of the year.

There is much that we still have to do, but this is visibly apparent in the context of the milestones that we have achieved. Progress is often a product of difficulties and we have a plan for health, no other has the vision and tenacity to work with and amongst our people like we have ceaselessly done for more than a century. Two decades of democratic governance have seen history repeatedly absolving the superiority of our ideals.

In our second phase of our democratic transition, the ANC government is buttressing the second generation rights by deepening change in our communities.

We are amongst others doing so through the introduction of Universal Coverage of Health to fertilise the social environment for economic emancipation. Hence the NHI has an important aspect the objective of which is dealing with the predatory tendencies of skyrocketing costs of health. We, together with the people have our sights set on higher and greener panoramas.

This Budget Vote is indeed about the people and for the people!

Our objective is to improve the experience of care that all our institutions and staff should provide. Our staff is obliged to treat our people with dignity. We dare not compromise on this! Concerns have often been raised about the attitudes of our staff towards the public that has in effect employed us.

It is something that our facility and Area Managers must be seized with. Human dignity is a constitutional imperative enshrined as part of the noble objectives of our supreme law adopted twenty years ago. Dignity is also a virtue of our freedom struggle.

Hence, honourable members, we welcome the announcement by our National Minister on the appointment of Prof Malegapuru Makgoba as the first health Ombuds. He will commence work as an Ombuds on the 1st of June 2016!! His function will be to investigate and dispose of the complaints laid by patients and the public in general against health establishments and health workers. He will act as the public protector of health.

Honourable Members, in his budget speech this year to the National Parliament, the Minister of Health made seminal policy pronouncements. These would further improve life expectancy and intensify the fight against HIV. He stated, that from September this year, **“we will remove the CD4 count as an eligibility criterion for ARV treatment”**. In other words, Honourable Speaker, once diagnosed, ARV treatment will be available!

The work we are doing now in revamping our ARV treatment centres in clinics with DBSA will help in the preparations for implementing treatment for all those testing positive. The department will table a comprehensive plan to the next Provincial AIDS Council outlining a concrete strategy for the implementation of the new guidelines for the initiation of ARVs.

In less than a decade we have altered the ugly face of HIV from being a death sentence to a manageable infection; and are determined to see an HIV free generation within our lifetime. The Minister has been detailed in outlining our focus on youth and the devilish acts of those who seek to prey on their vulnerability. Statistics show that young people from the ages fifteen (15) to twenty-four (24) are most vulnerable to HIV infection. Teenage pregnancies are likewise a major concern, with a humongous contribution to the scourge of child and maternal mortality.

This year will also be characterized by strengthening youth friendly health services. Our focus on young people is appropriate and timely. The opportunity could not be lost on us as we observe the 40th anniversary of the heroic generation of June 16.

Honourable Speaker, the budget for district health services is R1 833 316 billion. It has increased by 7.7 percent from adjusted budget, due to additional funding provided to assist in the appointment of 162 administrative clerks to render support services to all clinics and community health centres in the province. The funding is allocated to improve the general administration in our health facilities thereby allowing health professionals to focus on their primary duties. The estimates of 2017/18 and 2018/19 show an increase of 6.6 percent and 7.6 percent respectively.

Honourable Speaker, there is notable improvement in the performance of the Emergency Medical Services (EMS); in the same vain there are intractable challenges that exist. The EMS terrain is itself as tough as a tick, mimicking the toughness of some of the roads on which our ambulances and Patient Transport Vehicles have to travel in providing much needed Medical Care.

The demand for the replacement of our fleet tends to outstrip our capacity to do so. In the last financial year 38 Ambulances, 5 Obstetric Ambulances and 5 Patient Transport Vehicles has been delivered and distributed in the various districts.

However, many of these are a replacement to those that are obsolete and accident damaged. We will continue to procure new ambulances and emergency vehicles within the context of our purse. But what we should keep in mind is that Emergency Medical Services is not just about vehicles, it's about capable personnel able to deliver a service often to a distressed patient. Hence through the recently established EMS College we are improving the skills and competencies of our staff.

These are men and women who are often not remembered for the good work they habitually perform under strenuous circumstances, often courting danger and even loss of life. We must take our hats off for them and their families that have to endure the sacrifices they make. Countless of them have lost their lives on the roads and we should consider naming some of our new EMS Control Centres after them.

The progressive introduction of specialised obstetric ambulances will aid the efforts of government to further reduce and ultimately eliminate the scourge of child and maternal mortality.

The available budget for emergency medical services for the 2016/17 financial year is R280 928 million, a 3.9 percent growth. The current economic environment continues to provide unrelenting pressures to the Emergency Medical services; inhibiting efforts to revitalise and grow the service adequately.

Honourable Speaker, West end Hospital which offers specialised Mental Health and TB services is playing a vital role in the provincial health system. In so far as Mental Health Hospital is concerned, we intend to improve the thirty (30) days forensic observation and assessment's, this is vital in our collaborative efforts to aid the performance of the criminal justice system.

We are also preparing the facility to be suitable and adequate for the transfer of state patients from correctional centres. The facility has benefitted from the renovations of our institutions with a ward renovated to accommodate thirty-six (36) involuntary mental health patients.

In the context of efforts to manage patients in a humane fashion, closer to their communities, our objective is amongst others to convert the present West End Mental Health and TB hospital into a strategically-placed centre for excellence, in which a small percentage of patients may undergo hospitalisation, under conditions which allow for isolation during the intensive phase of treatment, as well as the application of the standardised multi-drug resistant (MDR) protocols.

The facility has hitherto been exceptional in ensuring that all MDR TB patients are initiated on treatment. This is essential for the improvement of TB treatment success rate.

Honourable members, three days ago I had an opportunity to meet with stakeholders and management of Dr Harry Surtie Regional Hospital, in Uppington. This was necessitated by the worrying reports I received about the institution. I must indicate, from the outset that, Dr Harry Surtie Regional hospital plays a critical role in the management of patients in the Western part of the province, given the spatial challenges. In the main, the challenges range from the human capital availability to technological challenges.

We cannot, therefore, allow for such a critical institution to collapse before our eyes! We are doing everything in our power to ensure that all challenges confronting the hospital are resolved without fail. No effort will be spared in this regard. In an expeditious but diligent approach that is not voyeuristic we will ensure that the hospital is progressively optimised and thus resolve the current human and systemic challenges.

The current budget for the hospital stands at R180 million for compensation of employees and R73 million for goods and services. This shows a growth of 5.5 percent on goods and services. The critical and worrying issue though, is the ACCRUALS!!!

The budget for regional and specialised hospitals is R322 190 million, an increase of 5.8 percent. The growth rate for the 2017/18 will be 5.4 percent, while 2018/19 will be 5.8 percent.

Honourable Speaker, the Health Professionals Council of South Africa (HPCSA) has accredited our tertiary hospital, Kimberley Hospital (KH), to train Sonographers. This is a major milestone given that sonography is an international scarce skill. This skill is imperative in diagnosing foetal abnormalities and to detect complications during pregnancy.

The exceptional opportunities and skills mix amongst our health professional will serve as further motivation for others to join our ranks. This will ensure that in the future we are able to have more Sonographers on our establishment. This surely sounds another dead knell to the scourge of child and maternal mortality.

The hospitals Basic Life Support has been established and accredited by the resuscitation council of South Africa, we also have five trained instructors. It is accredited to provide life-saving training to health care workers. The Training Centre was given a platinum status. This is a first for the public sector. The addition of a Lodox machine to our exceptional health equipment will enhance the hospitals diagnostic capacity, the investments that we have made at KH has elevated attracting praise from within the public and private sector.

KH will also operationalise the High Care Unit with six beds this financial year for internal medicine. This will alleviate the overload on the Intensive Care Unit and further improve the quality of care in these critical units.

The vulnerability towards emerging and re-emerging diseases has been proven beyond doubt in the World. The recent outbreaks of the zika virus in South America and Ebola in west Africa, prove that we live in inherent vulnerability. We have thus upgraded the isolation ward at KH and it is now operational, this will also assist in the treatment of highly contagious illnesses like Congo Fever and Rift Valley Fever that are endemic to the Province.

Amongst others the Ward M2 has been upgraded and is now fully functional as the upper respiratory infection unit. The improvements made will greatly assist in the reduction and prevention of infections amongst patients, staff and visitors. Mechanical ventilation has been installed which will assist to circumvent the probable spread TB and resistant micro-organisms.

It is imperative to introduce twenty-four (24) hour services at Primary Health Care level in the Sol Plaatje area in order to decant the tertiary hospital of primary health care patients. This will evidently reduce waiting times and improve the quality of care.

District Health Services together with our Health District in Frances Baard which recently benefitted from the arrival of a new cohort of Cuban doctors, with two of those being allocated to Galeshewe Day Community Health Centre (GDH). I have commissioned a team from KH, working together with the DHS, to make sure that GDH provides a 24-hour service. The 24-hour service will be provided from the 1st September 2016.

We are tirelessly working on operationalisation of theatres in our District Hospitals. Evidently, this will reduce costs and have efficient and effective gains for the tertiary hospital. We cannot be content with the role that KH has to play of straddling multiple levels of care.

This is essential and urgent owing to the expectation that human activity and incidence requiring health care, will certainly and quantitatively grow as a result of the burgeoning Sol Plaatje University (SPU). We need to address the demands of the service today by simultaneously resolving the plausible challenges of tomorrow.

The budget for the Tertiary Hospital is R881 574 million. The budget has increased by 2.7 percent from the adjusted budget. When factoring out the once off amount of R18.716 million, the budget grows only by 5.0 percent.

Honourable Speaker, in 2015/16 the department issued about 529 bursaries in an attempt to meet the skills demand of tomorrows service and it is estimated that in the new financial year this figure will grow to 555. Which will be the highest for the past five years despite the conservative estimates and plans for the new year because of the constrained economic environment.

We are happy to report that, in the past year, forty-four (44) of these bursary recipients concluded their studies in various fields and are either doing community service or in the employ of the department.

Thirty students were sent to Cuba in October to undertake medical studies. Thus far the Cuban programme has produced 31 doctors for our province. These figures are expected to rise significantly in the next few years given the significant numbers that we have been sending on the programme for the past five years or so.

Honourable members, in June this year, seven students from Cuba will be coming to do their electives in South African universities. We are also proud to announce that seven students who did their training in Cuba, will be graduating in July, here in South Africa.

Indeed, we are moving forward! Siyaqhuba!

The Henrietta Stockdale College is an apex institution for the training of new nursing students and upscaling our current staff in the Northern Cape. The current College and its seat must serve to exemplify our historical intent to expand the nursing training platform in the province. The current state of the College does not affirm its eminent legacy and history.

The nursing college should play an important role in providing opportunities for quality nurse training especially for young people in the province. This requires that we diligently work to ensure that we are accredited for greater numbers of students for different programmes that should be designated in terms of the demand for the service by the end of the current financial year. The establishment of the planned satellite campuses that we previously announced is consistent with this strategic intent.

Honourable members, I would like to reaffirm this commitment I made, during the celebration of International Nurses Day, which is annually commemorated on the 12th May, to the effect that satellite nursing campuses will be realised in JTG, ZFM and Pixley during the current financial year. I will commission a team to this effect. The team will work on the necessary modalities.

The Henrietta Stockdale Nursing College receives an allocation of R58 055 Million for the financial year 2016/17.

Furthermore, we shall henceforth move with speed to ensure that we fully operationalise the EMS College. There are important changes that are taking place in so far as the training of EMS personnel is concerned.

With all the short courses poised to be phased out, our college is thus important in ensuring that our staff improve their qualifications, skills and expertise. It is also important to train the projected numbers of personnel annually to meet the requirement for development and improved performance. The allocation for the EMS College is R4 256 Million.

The total budget for the Health Science and Training is R 126 300 million representing an increase of 1.4 percent compared to the adjusted budget. The overall growth rate for the Health Sciences and Training budget, namely Programme 6, for the 2017/18 will be 2.8 percent, while 2018/19 will be 5.8 percent.

Honourable Speaker, slowly we have moved away from the negative publicity regarding forensic medical services in the province. We are stabilising the personnel and performance. Two Cuban doctors were recently appointed in this area of speciality. We still need to focus on the mortuaries infrastructure across the province. We will be sorting out the lingering issue of management and leadership of the programme in due course.

The department is currently piloting the Central Chronic Medicine Dispensing and Delivery System; where chronic patients can receive their medication at centres outside health facilities in order to decongest facilities. There are currently thirty-one (31) facilities taking part in the initiative and seven (7) outside service providers identified. We have, to date, delivered 5942 packages to patients through this system and about 150 are delivered per week.

Our objective in 2016/17 is to roll these out to all the facilities in Pixley ka Seme and thereafter to the entire province.

The budget for Health Care Support Services is R 98 562 million, an increase of 2.6 percent. The budget shows the minimal growth of 2.2. There is positive growth of 2.9 percent in 2017/18 and 6.5 percent in 2018/19 financial years.

Honourable Speaker, the completion and resolution of the albatross on our provincial government is now in sight. We are determined to conclude the building saga that is the Mental Health Hospital. The facility may reach practical completion by the end of 2016. There are lessons that all of us must draw from this experience. At the same time, it must not detract from the marvelous work that government has done in the revitalization and modernization of the infrastructure and health services in our Province.

The new De Aar Hospital has reached a stage of practical completion and the government will communicate its operationalization once it has been handed over to the department. In so far as the Regional Hospital in JTG District is concerned Geo-technical studies and Geo-thermal studies have already commenced on the identified site.

The construction of the Bankhara-Bodulong Clinic will also commence this year and will be completed within twelve months. The Department of Public Works has commenced with the designs of the mortuary and pharmacy at the Springbok Hospital.

We are also undertaking a conscious shift towards maintenance of facilities. There is a deliberate policy shift, a bias towards renovation and maintenance.

Importantly, there are twenty-eight identified facilities for renovation and maintenance of our existing infrastructure in the year 2016/17. Notably amongst these is the refurbishment of Nababoop Community Health Centre (Namakwa), Jan Kempdorp (Frances Baard) and Tshwaragano Hospital (JT Gaetsewe) for the decentralisation of MDR-TB in those districts. Upon completion, these projects should substantially decrease the patient load in West End Hospital and Dr. Harry Surtie which are currently the only two specialized MDR-TB sites in the province.

The project to recapitalise the generators in our health facilities despite the fantastic achievement of ESKOM, banishing the possibility of load shedding for the next twelve months, remains a priority. It is a strategic imperative to manage inherent risks and eliminate vulnerability of the health system. The investments we are making into our capital assets is vast. This year alone just more than R75 Million is available for capital and equipment.

The Health Facilities Management Programme budget for the 2016/17 is R474 267 million is mainly funded by Health Facility Revitalisation Grant. The budget for this programme shows a decrease by 28.1 percent compared to the adjusted budget for 2015/16. This negative growth is due to the reduction in respect of the previous incentive performance allocation received from national government under the Health Facility Revitalisation Grant.

Honourable Speaker, the cleanliness of our facilities is very important. The look and feel of our facilities should inspire confidence. We will give specific attention to the non-negotiables that are particularly essential in keeping our facilities exceptionally clean. Health facilities should be known for their cleanliness to further combat the debilitating threat of superbugs that may cause havoc in a health facility.

Facilities and Districts should spend the respective budgeted funds for this specific purpose, without fail.

The relatively poor performances of the health systems and the burden of diseases need more resources to deliver good quality health care. Enhanced governance and leadership, adequate resources, infrastructures, medicine, use of health information and adaptation of best practices are critical to provide good quality health care.

There is a need to improve leadership, management and governance of the district health system, at health facilities to be capable to deliver the health sustainable development goals, national health insurance within the ambit of the Alma Ata Declaration primary health care principles. Addressing leadership and management challenges will give momentum moving forward.

However, scarce resource constraints are negatively impacting on service delivery. Another aspect of Public Health requiring urgent attention is substance abuse, mental disorders injuries which are increasing their prevalence through time. There is a need to integrate mental health into primary care to be efficient and cost-effective. But it needs further research on the effective strategies to integrate.

Improvement in clinical quality of care and client satisfaction in public-health facilities needs adequate attention. For this to happen, standardization of services, improving health workforce capacity, adequate infrastructure including equipment and measuring quality of care provided at public facilities through gathering clients feedback are important.

Although the NHI White paper is released, and NHI policy has been implemented using the ideal clinic concept and re-engineering primary healthcare principles, to fully introduce these practices in all our districts within the Province has been a challenge.

There is a need to address capacity challenges to generate and analyse health information data to support programme planning and budgeting. Effective strategies for addressing health challenges, and identify key barriers and facilitations in implementing, need accurate, timeous and credible health data.

The issue of irregular, unauthorised, wasteful expenditure that has been given sufficient and thorough-going attention. Worsened by the department' inability to pay suppliers on time, it impedes the service delivery. I'm awaiting the report of the Ministerial Task Team, established by my predecessor, MEC Jack. In due course, upon receipt of the report, I will announce the course of action henceforth.

We wish to express our sincere gratitude to the multiple stakeholders and partners who, variously, continue to assist the department and thus our government to fulfil its commitments to our people.

Many of them have put either resources and/or skills at our disposal and we would not want to forget you when we have our little opportunity in the sun. I will not risk to mention you now and perhaps thereby not listing all of you but you remain one with us.

The inputs, guidance and counsel of the members of the House and especially the Health Portfolio Committee, under the able leadership of Dr Ditsebe, has been instrumental. We wish to thank you for the continued support. The oversight function that you collectively play is essential for the functioning of government.

We appreciate criticism that is informative and not an end in itself and thus just grandstanding. In an election year, such as is the case currently it may be tempting to grandstand and overlook the opportunity to inform the work of government. It is essential that you pay attention to resourcing of the health service that we are raising as an example.

To the fellow members of Team Health, under the stewardship of the Accounting Officer, Mme Gugulethu Matlaopane, everything is in our hands. Together we are privileged by both chance and the respective positions that we hold.

We are eminently positioned in the service of the people and in response they remunerate us for what should always be an honourable service and conduct.

We surely must believe in you the people, our employees in whom reside the historical corporate knowledge. You are the agency and repository of the solutions we seek.

However, we need the synchronicity of organizational vision and commitment to move in unison.

The phenomenal leadership expert **Kurt April**, in one of his seminal works called **Rethinking Leadership** makes an example of the desirable organization with shared values, vision and commitment and liken it to a Dutch toy called **Duikelaar**:

“No matter how it falls, it is always able to right itself, swinging widely back and forth for the moment, but always coming to rest, centred on its weighted core. That is what we are after”.

We perhaps fell at some point as a department, turning at the brink of the precipitous with multiple disclaimers of opinion.

We righted ourselves to an extent with the current qualified opinion that we received for two successive years from the Auditor General and therefore are at that stage of the Duikelaar, **“swinging widely back and forth for the moment”**. We have come thus far; the destination is visible. We must henceforth seamlessly and rapidly move forward. We have it within us to achieve the coveted clean audit status and provide heightened service excellence to our people.

Gratitude must go to the Premier, the colleagues in the Executive Council and our glorious movement the ANC that has provided zealous support to the department. This translates to support for the health of the people. It characterizes the positive outlook that we share.

Where others despair we see hope. In the face of challenges, we see opportunity.
We must move forward together!

Honourable Speaker, this is our good story! We are not naïve of the complex and dynamic challenges facing the sector. We are committed not to fail our people.

I thank you