TUESDAY, 15 MAY 2018

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PROCEEDINGS OF EXTENDED PUBLIC COMMITTEE - NATIONAL ASSEMBLY CHAMBER

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Members of the mini-plenary session met in the National Assembly Chamber at 16:20.

Ms L M Maseko, as Chairperson, took the Chair and requested members to observe a moment of silence for prayer or meditation.

APPROPRIATION BILL

Debate on Vote 16 – Health:

The MINISTER OF HEALTH: Hon House Chair, Cabinet colleagues, Deputy Minister Dr Joe Phaahla, chairperson and members of the portfolio committee, hon members and our development partners, good afternoon. It gives me great pleasure to present the 2018-19 budget to this House and to outline our plans for the 2018-19 financial year.

This year we honour the memory of our beloved Madiba who would have celebrated his 100th birthday this year. In the same vein we also honour Mama Albertina Sisulu who would also have turned 100 this year. They were both fighters for equality and social cohesion. So shall we conduct this budget debate in that manner in order to honour them!

In this budget speech, I wish to extensively elaborate on three issues that President Cyril Ramaphosa flagged-in the January 8th statement delivered at the celebration of the birth of the ruling party, the ANC, and repeated during the 2018 state of the nation address.

The first thing he said was that, and I quote:

> We will intensify efforts to improve the health of our people, particularly in the context of the devastating impact of the Aids epidemic and the emergence of other diseases. As South Africans we must never accept as permanent or irreversible our status as the country with the world's biggest HIV epidemic. We need to take decisive steps to bring an end to the epidemic through systematically implementing the 90-90-90 strategy, which will entail, among other things, the addition of two

million more people to our antiretroviral treatment programme.

The catch words here are "an end to the epidemic" and "systematically implementing the 90-90-90 strategy".

Hon Chair, in taking the President's instructions forward, we shall do everything in our power to take the initial steps towards bringing this epidemic to an end.

Sine 2009 we have made significant strides in dealing with the HIV epidemic - possibly the greatest contributor to morbidity and mortality our country has seen since World War 2. Of the estimated 7,1 million people living with HIV in our country, we have more than 4,2 million people on treatment. This makes it the world's biggest treatment programme.

Scientists have already informed us that people on treatment who are virally suppressed do not transmit the virus. They further inform us that if 90% of people who are on treatment get virally suppressed and remain so, that will be the end of the epidemic. Hence we need to drive our strategies in that direction of viral suppression. In this regard President Ramaphosa will launch in the month of June 2018 - the Youth

Month, a national surge campaign that will screen 14 million people for HIV and TB. This campaign will seek to target South Africans who do not know their HIV status and those who do not know that they have TB. Once people are screened and tested, they will be offered appropriate treatment. This campaign will also focus on providing information to ensure that people who are negative stay negative.

South Africa has signed up to the United Nations Programme on HIV and Aids, Unaids, targets of reaching 90-90-90 for HIV by December 2020, as well as the Stop TB Partnership's targets of 90-90-90 for TB. These targets simply mean that to bring an end to these two diseases we must find 90% of those that are HIV positive and those that have TB, initiate 90% of these on treatment and ensure that 90% of those that are on antiretrovirals, ARVs, are virally suppressed and that 90% of those on TB treatment are successfully cured.

We have partnered with the President's Emergency Plan for AIDS Relief, Pepfar, programme to develop this plan which we call the Surge campaign, to find the 2 million people who are HIV positive and put them on treatment and this must been achieved by December 2020. We then have to keep them virally suppressed forever. This is the 90-90-90 plan. As can be seen, it is a

very ambitious plan. To fund it, Treasury has added an extra R2,3 billion to the HIV conditional grant. In addition, Pepfar has agreed to make substantial additional contribution to this HIV treatment programme.

In addition, we need to find an estimated 80 000 people who have TB that are either not diagnosed or diagnosed, but not on TB treatment, and get them back on treatment. I call on all stakeholders to partner with the Department of Health and the SA National Aids Council to ensure that the campaign as well as the surge programmes are successful.

Secondly Honourable Speaker, President Ramaphosa also said and I quote him again:

> We will also need to confront lifestyle diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases. We will launch a huge cancer campaign similar to the HIV Counselling and Testing Campaign.

Before coming to the cancer campaign, let me inform the House that in the HIV surge campaign that I have already mentioned where we are targeting 14 million people for screening and testing for HIV and TB, we will simultaneously screen and test

7 million people for diabetes and hypertension and put those who are found to be having these conditions on treatment.

For the Cancer campaign, we are currently consulting with stakeholders, including civil society organisations who have been doing sterling work on cancers as well as the suppliers of diagnostic equipment and cancer drugs to codesign the cancer campaign.

I am sure that it is not an exaggeration to say that every member of this House either has a family member who has been diagnosed with cancer or knows someone who has. In addition to the pain and suffering endured by people diagnosed with cancer as well as their loved ones, there is a significant burden on the State. The diagnosis and treatment of cancer is notoriously expensive with the cost of cancer medicines being among the most expensive in our country and globally. However, cancer need not be inevitable, or a death sentence or universally difficult to treat. We can prevent many cancers and successfully treat many of them if diagnosed early. Our campaign therefore will seek in the first instance to provide South Africans with the information that they need to prevent cancer, to self-screen and to get tested for breast, cervical and prostate cancers for example.

Whilst there are many causes of the different cancers, including genetic and hormonal factors, unhealthy lifestyles are also a major if not the major contributing factor or associated phenomenon. Hence we need to target all the causes of cancer to ensure that we have the best possible chance of decreasing their incidence. In this instance, we shall uncompromisingly target tobacco smoking and unnecessary sugar intake. I am sure hon members are aware that Cabinet has approved for public participation, the amendments to the antitobacco legislation in order to strenghthern the measures.

Please, hon members do not allow yourselves to be rented by the tobacco and sugar companies to become their spokesperson here in Parliament and in the communities. We will utilise a significant part of the allocation to the department, of the sugar tax to this cancer campaign.

The third thing that President Ramaphosa said, and I quote:

> The time has now arrived to finally implement universal health coverage through the national health insurance.

As we acknowledge that there are those who have been justifiably impatient with the pace of implementation of

national health insurance, NHI, we also know that there are those who are determined, for reasons of greed, that NHI will never see the light of the day. Well for the latter group, I have very bad news. This morning, I was to present the NHI Bill 2018 and the Medical Schemes Amendment Bill 2017 to the Cabinet committee for them to recommend them to the full Cabinet next week, for them to be gazetted for public comment and then later sent to Parliament for legislation. However, the President said he has taken a special personal interest in the NHI and hence instructed us to put the Bill in abeyance because he is not present. He said we cannot discuss it in his absence. He would like us to wait for him. So I have only presented the Medical Schemes Amendment Bill to prepare for the NHI.

It is not only us at home who are working around the clock to make universal health coverage or NHI a reality. On Friday, I am leaving for Geneva, with the Deputy Minister to attend the 71st World Health Assembly organised by the World Health Organisation. The main theme of this year is: Health for all: commit to universal health coverage.

In this regard, I have forwarded to our hon Speaker, a letter from the World Health Organisation whereby its director-

general is requesting countries to bring Members of Parliament to Geneva this year. The Director General, Dr Tedros Adhanon Ghebreyesus would like to address Members of Parliament from all over the world on achieving universal health coverage and on global health security. This meeting will take place on 25 May 2018 and I hope the Speaker will oblige and send Members of Parliament preferably from all political parties to this meeting. Not all of you, but at least a maximum of four.

Here at home, we will commence with the initial steps towards the implementation of the NHI. I am pleased to report that the National Treasury has allocated funds to kick-start the process of addressing some of the challenges in the public health system. This is a sum of R4,2 billion over the Medium-Term Expenditure Framework, MTEF, even if is not what we have asked for, we understand under the present condition. What are we hoping to do with the money? We will use it to initiate some NHI project targeting vulnerable groups

The first thing, we have already finished screening up to 4 million kids for physical barriers to learning, which are eyesight, hearing, oral hygiene. About 5 000 000 have got this problem.

Starting from this year, we shall start in our most disadvantaged schools, i.e Quintile 1 and Quintile 2 schools, to correct these problems. This will entail hiring Optometrists for them to provide then with spectacles, audiologists for them to deal with their hearing problems including providing hearing aids and oral hygienists and speech therapists for them. We shall start with an initial sum of R113 million to provide this service these young people.

Women who are at high risk pregnancies, we have selected 11 regional hospitals which have very big problems in their areas. We shall contract specialists from the private sector to help these hospitals. These specialists will do two things, namely, clinical work and training of staff.

Oncology services in KwaZulu-Natal and Gauteng will receive R100 million to deal specifically with radiation oncology backlogs. This is in addition to the new radiology equipment which we have bought for Addington Hospital and the old one that has already been repaired. They are about to start functioning.

Gauteng has a large backlog, and not because of their own making, but because Mpumalanga, North West and Limpopo provinces all refer to Gauteng for radiation oncology needs.

In our fight against cervical cancer, we shall also modernise and move away from Pap Smear to liquid based cytology. Furthermore, using a special national algorithm we will test at least 25 000 women for cervical cancer using HPV DNA and progressively increase over time the number of women being screened with this type of test.

South Africans are aware of the problems of mental health care in our public health system. Unfortunately, this includes the tragedy of Life Esidimeni which stretched emotions and consciousness of the nation to the limit. The country had to extensively utilise the broad range of mechanisms available to our healthcare system and our justice system and our new democracy.

But today, I want to deal with two major emerging issues in mental health which if not nipped in the butt, may develop to crisis levels. The first is that legal defence in our criminal justice system are increasingly resorting to mental health problems as a reason for why crimes are committed. More and

more criminal accused are being referred for psychiatric evaluation. The House may remember the notorious case of Oscar Pistorius - I am sorry to mention that, but I have to. Since there is a grave shortage of psychiatrists and psychologists in the public sector, more and more of these criminal accused cases have to be admitted to our mental health facilities for long period of time waiting for mental health evaluation. Due to lack of space in these facilities, some are languishing in correctional service facilities waiting for space in our mental health facilities. As at the end of March 2018, a total of 1 431 criminal accused are admitted in our mental health facilities awaiting mental evaluation. This has resulted in the clogging of the criminal justice system with serious backlogs and also worsening the congestion. in our mental health facilities.

Ms E N NTLANGWINI: On a point of order, Chairperson. I would like to ask the hon Minister a question that why he say he is sorry to mention Oscar Pistorius...[Interjections.]

The TEMPORARY HOUSE CHAIRPERSON (Ms L M Maseko): Wait, wait, wait, hon member. Don’t do that. Hon Minister, do you want to take a question?

The MINISTER OF HEALTH: No, no, no, after I have finished.

The TEMPORARY HOUSE CHAIRPERSON (Ms L M Maseko): If he has time after he had finished he will take your question.

The MINISTER OF HEALTH: This has resulted in the clogging of the criminal justice system and serious inwell known fact our mental health facilities.

The second problem is that people who have been screened by nurses in our primary health care facilities and found to be having minor mental illnesses do not usually receive help because of shortage of psychiatrists and psychologists.

The few specialists available to the public sector are concentrating their efforts on serious psychiatric illnesses. Hence people with minor mental illness may end up taking a serious turn for the worse. In trying to solve this problem we are going to use the NHI money given to us by the Treasury to contract 52 psychiatrists and 71 psychologists from the private sector to help clear these backlogs in the criminal justice system and also for the people with minor mental illnesses.

It is a well known fact that our clinics and hospitals are also congested. This is to be expected. If you consider that by 2004, we had only 400 000 people on ARVs. Today, there are 4,2 million - meaning that the figure has increased more than 10 fold. Added to this, is the explosion of diabetes, hypertension and cancer. We treat more and more people in our congestion health facilities are getting more and more congested. This may then sound like a contradiction in terms, that we are about to launch a programme that will add two million more people on HIV treatment, 80 000 more TB, and thousands and thousands of diabetes and hypertension in an system that I am saying is already overburdened. But I am sure that none of you will ever suggest that we can not treat more people simple because we are already overburdened.

We are going to do is to use the NHI money to try and get skills in all the sectors. That's what the NHI means – citizens must have access to all the skills in the country whether they are in the public or private sector. For this reason in the HIV/Aids programme, we shall decant 50 000 patients, 250 general practitioners, GPs, in private practice for the the treatment in ARVs between October 2018 and December 2020 and build up from there. comes in. In all these programmes, i.e the surge programme, the screening

programme, the school health programme, the cancer programme, the mental health programme and the programme on dealing with complicated pregnancies, we shall make sure, as you might have noticed, that doctors and specialists in the private health sector will get heavily involved.

The essence of NHI is to make sure that both the public health facilities and skills, and the private sector facilities and skills are available to all the citizens of our country. This is what we are starting to implement in these NHI projects. Making sure that some of our programmes are undertaken by the private sector will contribute heavily in lessening our burden. For instance we shall decant 50 000 patients to 250 private GPs for ARV treatment between October 2018 and December 2020, and build up from there. The state will supply the GPs with ARVs and pay for the laboratory services. The only thing they will do is that we will pay them for their service.

In addition, we now have 1,3 million people on our centralised chronic medicines dispensing and distribution systems, CCMDD, programme. We want to add 1 million more people on this programme in this financial year to try and decongest our hospitals.

Hon Speaker, you know that we had an outbreak of listeriosis and had to recall cold meat products from Tiger Brands and Rainbow Chicken Limited. When we made the recall on 4 March 2018, there were already 969 cases. I am happy to announce that since the recall, we have been having less than 5 cases per week, in the past 5 weeks, compared to more than 40 cases per week in the period before the recall. I would like you to join me in congratulating our National Institute of Communicable Diseases, NICD, for the sterling work in isolating the source of the listeriosis outbreak even though some people did not believe in them. [Applause.] I still want to invite especially members of the community, to vist NICD. It's a world-class institution. Stop undermining it, please. When they tell you something, they actually mean it. The fact that we are developing country doesn't mean that we don't have world-class facilities – we do.

With the work done around the clock by the emergency outbreak response team, which we formed immediately after the recall, consisting of Health, Agriculture, Trade and Industry, NICD and National Consumer Commission, supported generously by a team of seven experts from the World Health Organisation, we shall very soon announce the end to this pandemic.

In conclusion, let me take this opportunity to thank my colleague, Deputy Minister Joe Phaahla, the chairperson of the Portfolio Committee on Health, hon Dunjwa and her NCOP counterpart hon Dlamini for their support and working together throughout this period. I also wish to thank our development partners for the massive financial and technical support that they have given us. I have just told you in the search programme that Pepfar is committed to massively contributr money. Without our development partners we wont be able to make it.

Finally, I wish to thank my team of officials led by the Director-General Ms Malebona Matsoso, and her deputies, as well as the entire staff of my department. I also thank you all. [Applause.]

Ms M L DUNJWA: Hon Chair, hon Ministers, Deputy Ministers, Members of Parliament, our guests and the country at large ...

IsiXhosa:

Molweni.

English:

The theme of our debate of our debate is to intensify our efforts to improve the health of our people in honour of our lifelong contribution by Mama Albertina Sisulu. Then other thing that we are, in particular myself, because on 12 May this month, it was the international nurses day, I am dedicating this debate to all the nurses of the country of Africa but in particular those in South Africa because Mama Sisulu was a nurse. [Applause.]

We are standing here as the committee to say the department did table its Annual Performance Plan, APP, this month in front of the committee. The report was deliberated findings were tabled, recommendations were made all parties agreed and supported the report. However, we are concerned hon Minister that the Auditor-General, AG, highlighted issues that are of concerned to us and those are in particular the findings in provinces of irregular wasteful expenditure and accruals that are continuously being reflected by the4 Auditor- General. We want to request the department to ensure that it monitors and gives support as it has done through the institutes of Chartered Accounted to provinces. We are worried about the regress of two provinces which is North West and Limpopo. However, we are equally happy that the Eastern Cape and Gauteng has improved and we want them to improve more.

We are very happy that the President has taken upon himself to ensure that the Bill on National Health Insurance does come to this House because if that Bill is an enacted at the end, we hope that we will be able to engage with that this year because it is going to be a gain changer in the history of this country in the health sector and we hope that our members are really going to take this very serious.

We are encouraging our members, communities that when the process of public hearings on this Bill is then being advertised everybody must come in front of the Bill and put his or her views. However, we are comfortable and we are happy that at lasts this policy of the ANC.

IsiXhosa:

... njengokuba bantu besithi lo mbutho ulawulayo awukhathali nje, uyakhathala lo mbutho kuba ukuba bekungenjalo besingasoze sibe noomongikazi abahambela izikolo. OOmomgikazi abaqinisekisayo ukuba abantwana bethu bafumana ukutya okunesondlo ukuze bakwazi ukukhula. Bekungasoze bekho oomongikazi abaqeqeshelwa ukuba baqiniseke ukuba umama obelekayo ufumana inkathalo ngendlela efanelekileyo.

English:

However, hon Chair, we are also worried and concerned about the committee that the issue of four areas that are bedevilling the healthcare sector which is Human Resource, HR, infrastructure, financial management, procurement, and we hope and confident that as much as it is difficult this department is going to wither the storm. We are also worried about the targets that have taken from provinces, hon Minister, we hope that those … because our worry in relation to those targets that have taken from the national Department of Health to provinces, our worry is that how are you going to have an ability and capacity to monitor and provide support to provinces which at some point we are standing here the ANC because we are leaders. By virtue of leading the society we are not going to run away from the challenges that we are observing and challenges that are there.

Regarding the mental we are happy that the department is committing itself but we want the department to take it further in ensuring that our communities are empowered in understanding what mental illness is.

IsiXhosa:

Kuba kaloku abantu bakuthi bebesoloko bephantsi koxinezelelo lokuba umntu ogula ngengqondo isidima sakhe besijongelwa

phantsi. Umntu ogula ngemngqondo urhulumente wobandlululo ebemthatha ayokumfihla ukuze angabonwa ngabantu. Siyayazi ke nto yokuba lo rhulumente uthi kaloku sisigulo esi, esifane naso nasiphina isigulo. Oomama noomongikazi kufuneka bafundiswe baqeqeshwe ngakumbi kwaye kungaqeqeshwa kuphela oomongikazi abafunde ngezigula zabantu abagula ngengqondo ...

English:

But also health workers, nurses every health worker to understand the importance of mental illness so that we don't again as this country go through what we have observed in Gauteng. We must go away- I know there are people who are going to come here and say you did this and that. It is not about that now but it is about us coming together to say never again as this country ...

IsiXhosa:

... kuba kaloku bathetha ingathi bebesenza izinto eziphucukileyo. Ukuba besinalo ixesha besinakho ukiugcwabgcisa kwaye sitsho ukuba zintoni na izinto ezibangela ukuba urhulumente lo ukhokelwa yi-ANC nale komiti asoloko ejonga ngalo lonke ixesha into yokuba ingaba le komiti isemgceni kusini na. Sikutho oko kuba ...

English:

uProgramme 4 is about primary healthcare and mental health is within that space of primary healthcare.

IsiXhosa:

Kuba uMama u=Albertina Sisulu kaloku ...

English:

... was a very dedicated woman., a woman who made some of us to look into what is entailed within nursing. For your own information, she was a midwife, a midwife who will put her midwifery back on top her head and walk on her feet to visit – house visit. We are saying the community care workers that now are being looked into but we are worried that, in terms of the programme of monitoring the provinces that space is a space that we think that the department is not doing good.

Secondly in terms of the curriculum of the nursing profession, we want to then say if we are to change the mindset of our communities – because at times as communities we blame nurses. I am saying nurses because in the centre in every health institution nurses are in the centre. Everything doctors give orders and who implement those orders, is a nurse; who is to feed a patient, is a nurse. Therefore we do think that as we

are looking into the issues of HR in particular in that problem – we know that the country has got a problem of financial situation but personally I think that for the sector to be able to do its work it needs warm bodies.

On the basis of that we do support this Budget as the ANC but we want to say – yes we will support never be apologetic in supporting because we support but in that support we do monitor and ensure that our observation … Members will then come here and unpack the programme. You know at times people who do not have something to say, I don't to say what the President said because I don't want to cause- shut up! On the issue of ...

Ms E N NTLANGWINI: Chairperson, I rise on a point of order: Chairperson you were smiling and you know that there is wrong with the member's doing can you please ask her to withdraw.

Ms M L DUNJWA: I withdraw. We want as the committee to say we are then committed and we are encouraged by the collaboration. In conclusion we want to say we are encouraged by the collaboration in terms of the district health system that the department itself in this five-years that it work with other programmes within the Department of Health. It will work with

other departments, community civil organisation because at the end health is a societal matter. Therefore, if we want to ensure that the National Health Insurance succeeds it is important that we strengthen that level of the district.

However, I want to say that as we will then be moving forward in this year finishing this term, we want to say as this committee we are committed; we have been working with the department; it has not been very easy, they know. We want to thank the support given to the committee and the office of the Director-General in ensuring that when they called they do come. Its entities as well because its entities also are to ensure that the sector is to succeed because without entities like the office of health centred compliance, the SA Medical Research Council, which are to empower not only the department but also ourselves as the committee so that when we conduct oversight we conduct it being informed with the issues that are affecting our communities. The ANC supports the Budget Vote.

Ms S P KOPANE: Chairperson, I would also like to join my colleague by dedicating my speech to all nurses who sacrifice their personal lives in order to save lives. Their passion and

dedication often go unnoticed and they are often unappreciated.

The reality of the South African health care sector is that too many people are still struggling to access the basic health care system, due to a lack of political will to intervene. A total of R205 billion is spent on health in South Africa. This accounts for 12% of government expenditure. The problem, however, is not the allocated budget, but mismanagement, lack of accountability, poor planning, and instances of widespread corruption. Government is shamelessly wasting money that should be used to provide essential medical services to the most vulnerable people in our society who have no other alternatives.

Sadly, our provincial health departments are failing us – so much so that those that are underperforming have been placed under administration. However, we all know that this is the only way to exonerate the ineffective politicians from accountability. What really happens when a department is under administration? I ask this because North West health department, which is currently under administration, is still failing to deliver health care services to its people. Who is to be held accountable? Is it the Minister or the MEC?

In most provinces, we have major shortages of nurses and doctors, meaning that patients are compromised. For example, in the North West, there has been a moratorium on the filling of 1 275 vacant posts, since 2016. An oversight visit to the Tshepong Hospital showed that both medical and nursing personnel were being overworked. On another oversight visit, this time to the Motlaba Clinic in Limpopo, the DA found that there is only one doctor, who comes twice a month, sometimes only once. There are no qualified pharmacy personnel and the poor nurses have to examine the patients and also do dispensing.

The entire health department is placed under massive strain due to maladministration and corruption. One such instance is the overcharging and the tender irregularities involving the Buthelezi Emergency Medical Services, EMS, in the North West and the Free State. The Buthelezi EMS has netted more than R15 million from the Free State in backdated price increases. This, after the Buthelezi EMS had been paid more than R600 million under this contract. Documents reveal how these increases were signed off within five days, when Free State Health was seemingly temporarily taken out of administration by decree of the honourable Ace Magashule.

According to doctors and nurses, the service offered by Buthelezi EMS is substandard. They also allege that staff do not have the required qualifications nor experience to deliver emergency medical care. Furthermore, almost 40 brand new, state ambulances have been idle for months in the North West, while the department spends millions on private ambulances.

Buthelezi EMS was paid around R10 million monthly, while High Care EMS was paid R4 million a month, on only two ambulances, to transport 400 patients in the Ganyesa area. Another Gupta-linked company, Mediosa, was paid R30 million and a further R180 million by the North West before its mobile clinic even hit the road to the rural areas.

Hon Minister, you have talked about the national health insurance, NHI. As much as you are reassuring us about the NHI, we are worried about the major reduction in indicators in the annual performance plan, as my colleague said.

As we stand here, the pilot projects are facing major concerns. Doctors and pharmacy assistants contracted to assist haven’t been paid their salaries. We also saw a group of about 30 doctors in Limpopo who are reportedly unemployed after their contracts were not renewed in this project.

It is clear that the pilot projects are failing and that the ANC's proposed health insurance is not a feasible plan and is doing more harm to the existing problem we have. If the department is serious, then we appeal to the Minister to make sure he works with the private sector in order to improve the quality of public health care, which is failing millions of South Africans. Thank you.

Dr S S THEMBEKWAYO: Hon Chairperson, arguably the biggest and the most tragic failure of the post-1994 dispensation has been its inability to look after the health of our population. The general state of decay of public health since 1994, the inconsiderate neglect by the leadership, both at provincial and national levels, of this sacrosanct task of providing quality health care for our people, and the widespread incompetence by both public servants and political leaders all paint a very heart-rending picture of a state that does not care for the health of the people.

There is no more tragic an example than the case of the inability of KwaZulu-Natal to provide care for patients who have been diagnosed with cancer and who are forced to die, even in instances where they could have been treated had we had a caring government. The SA Human Rights Commission gave a

detailed account of the harrowing effects of the state of oncology services in KwaZulu-Natal. To this date, Minister, people still die in that province because of government neglect.

Groote Schuur Hospital receives hundreds of orthopaedic patients every year from the Eastern Cape. Some have their legs amputated because there is no orthopaedic care to speak of in that province.

This year, a total budget of R205 billion is presented for the department. However, the SA Health Review 2017 by the Health Systems Trust clearly demonstrates that the previous interventions used failed – and are still being repeated, despite failing. It showed that, despite the growth in health expenditure over the years, poor quality primary health-care services and the growing incidence of noncommunicable diseases crippled the system. As a result, we have overburdened public hospitals, which simply cannot cope with the growing health needs of the nation.

Under these circumstances, even the introduction of the NHI, which we support, will not work, hon Minister. We support the NHI because we are appalled by the dual health system we have

in this country – the private health sector for the well-off and the pathetic public health sector for the poor and mostly, black.

In our doing away with the duality of health provision in South Africa, however, we must make sure that all hospitals have health professionals who can treat people; that all hospitals have beds and equipment needed to detect and treat diseases; that there are better equipped clinics in each and every ward, open 24 hours a day, with the necessary medication and staff. We need to ensure that we have sufficient capacity to deliver chronic mediation to the elderly and the disabled. That is the hall mark of a caring nation, a nation that is able to take care of the health of its citizens.

This budget, unfortunately, breaks no new ground. It is business as usual, and for that reason, the EFF rejects it. [Interjections.]

Mr N SINGH: Hon Chairperson, colleagues, some of our provinces are failing our citizens in terms of the provision of efficient and reliable health care services. By the Minister's own admission last year and in respect of the Human Rights Commissions damning findings in regard to the treatment of

cancer patients, just referred to now, in the province of KwaZulu-Natal, the underlying causes were identified as weaknesses in provincial human resource processes and anomalies in supply chain management systems.

In the North West province, provincial health had to be placed under administration. Well done hon Minister.

It has been reported that South Africa which has a steadily increasing demand for medical services due to growing numbers of patients suffering from a variety of illnesses such as HIV/Aids, tuberculosis, cancer, etc, are simply unable to receive immediate medical attention due to amongst other critical factors, the shortage of medical professionals at our public hospitals, yet we continue to stem the flow of foreign qualified doctors back into South Africa.

In a Member's Statement I delivered earlier this year in this House, I expressed growing concerns and complaints by South African students who had completed their medical degrees abroad over Health Professions Council of South Africa, HPCSA, enforcement in 2018 of a 2009 regulation, which until then had not been enforced and which now required our foreign qualified doctors to undertake internships in their country of study in

order for them to be eligible to sit our SA Medical Board exams.

Hon Chairperson, colleagues, the hon Minister and his Deputy Minister listened. They listened to the plight of the students and I am pleased to announce that many of those students are now sitting their board exams, those who received the letters that they should not sit. [Applause.]

Hon Minister there have been some good developments but there is still unfinished business, as I said on that day. There are still a plethora of administrative and bureaucratic issues at the HPCSA that must be attended to. For example, nobody responds to correspondence. I have raised a particular issue with the Medical and Dental Professions Board on 18 April and I have not received the courtesy of a response.

There are also issues with regard to students currently in the pipeline, and the hon Deputy Minister knows about this, and we promised that we will engage the HPCSA and all relevant parties during the recess that we are about to have and I hope that’s going to happen and I am sure it will happen under this leadership.

In terms of the Medical Innovation Bill, and the subsequent regulations published with regards to the use of marijuana for medical purposes, I must commend the Medicines Control Council on the licensing process, which I'm advised is very efficient and that they are providing assistance and attending to queries. I do hear though that the "one size fits all" approach to the application should rather be split between growers and manufacturers as not all growers wish to be manufacturers and the manufacturing licence requirements on the application should then not be applicable to them. This is confusing the process and should be looked at.

Most of the recommendations by the committee, unfortunately, I don't sit very often on the committee, focus on assistance to provincial departments to improve service delivery and accountability.

Minister, you and your Deputy Minister, are extremely efficient in executing your responsibilities. Do not allow the poor political and administrative performance at provincial levels to give the entire health sector a poor image.

Finally, with the number of people alarmingly though amongst the youth suffering from depression and anxiety, which if

unchecked leads to unfortunate suicides, the recommendation of the committee that there must be more monitoring, implementation and evaluation of the Mental Health Policy has to be taken rather seriously.

The IFP supports this Budget Vote. I thank you. [Time Expired.] [Applause.]

The DEPUTY MINISTER OF HEALTH: Hon House Chairperson, hon Minister of Health, Dr Aaron Motsoaledi, hon Ministers and Deputy Ministers present, hon Chairperson of the Portfolio Committee for Health, hon Dunjwa, members of the Portfolio Committee for Health, MECs present, hon members, distinguished guests, ladies and gentleman, dumelang.

Thank you for this opportunity to participate in the 2018-19 Budget Vote for the Department of Health. Let me join my comrades in dedicating this Budget Vote speech to the memory of the founding father of democratic South Africa, uTata Nelson Rolihlahla Mandela and to uMama Albertina Nontsikelelo Sisulu. It is significant that, over and above her many years of dedicated service to the struggle for freedom in South Africa, it also fell to uMama Albertina Sisulu to formally

nominate uTata Nelson Mandela for the position of President of the Republic in this very House in May 1994. [Applause.]

Hon members, the centenary of these two stalwarts of our struggle bring special responsibility for us in the health sector. As already mentioned by the chair of our committee, Mama Sisulu was a trained nurse who used her professional skills to tend to the sick any time when the brutal system of apartheid allowed space to practice her profession. MaSisuslu qualified as a midwife at Johannesburg's then Non-European Hospital in 1946. We also remember her bravery when she tried to save the life of her colleague Dr Abu Baker Asvat who was shot dead by armed assailants in his surgery where she also worked, in Rockville, Soweto on 27 February 1989.

MaSisulu was prevented by the apartheid regime from practising the career she loved the most, but seized any opportunity to practice whenever it was possible. We honour her and call on all nurses and health professionals in our country to follow her example of dedicated service to the people.

President Nelson Mandela's love for children and his empathy for the most downtrodden are well known. It was therefore not by coincidence that one of his first major policy

pronouncements after taking office in 1994 was an attempt at addressing the plight of the poor, children and women. He did this through a policy pronouncement that decreed that all children under the age of six and all pregnant women will receive free services at all public health facilities.

In 1996, President Mandela entered into an agreement with President Fidel Castro of Cuba that the two countries would co-operate in the field of provision of health services. The agreement entailed, amongst others, for the two countries to co-operate in exchange of health personnel including training and recruitment. The first batch of Cuban doctors including specialists arrived in South Africa late in 1996 and as the then MEC for Health in Limpopo I had the pleasure of welcoming them together with the then Minister of Health, Dr Nkosazana Dlamini Zuma. They were to make a significant contribution to our health facilities and they are still doing so 22 years later.

In 1997, the following year, we sent our first small number of students to train as doctors in Cuba and, as they say, the rest is history. The programme progressed in leaps and bounds and became known as the Nelson Mandela-Fidel Castro Collaboration Programme.

For fifteen years the programme ran on the basis of a Cuban International Scholarship which is highly subsidised by the Cuban government and which covers no more than 80 students drawn annually from eight provinces except the Western Cape.

In 2012, the Cuban government made available more admission opportunities under the expanded programme in which the sending country pays the full cost of studies. The national Department of Health together with the 8 participating provinces took full advantage of this and, in August 2012, we sent the first batch of more than 900 students to Havana.

Again, the rest is history and today we have 2 666 students studying medicine in Cuba.

Over the 21 years of this programme we always made sure that we draw our students from the rural areas and small towns and from the poorest families whose bright young boys and girls would not have had the chance to study in our expensive and urban-biased medical schools.

It is always very heart-warming to attend the graduation ceremonies of this programme and see the joy and excitement of

poor rural families whose children have become medical doctors.

Since 2004 when the first cohort of students graduated, 634 doctors from this programme have joined our health services. The majority of the graduates remain serving in the rural areas. By way of example, of the 99 from the Eastern Cape who qualified, 82 out are still in the province. Some of the graduates have assumed leadership roles as clinical managers, CEOs and senior medical officers. A number of graduates have progressed to specialise in various fields.

One regret we have as a department is that we have not utilised these graduates to the strength of their training which is in primary health care. We have tended to absorb them in our curative system. We are aware of this and we will be correcting it.

Hon members, we are pleased to declare that, as we celebrate the centenary of President Mandela, we are reaching the maturation of the programme he founded. I have just returned from Cuba two weeks ago. We were finalising the return of more than 700 current fifth-year students who will be starting

their final year towards the middle of July this year here at home at our local medical schools.

This will be the first time we will be integrating a large number of the expanded program students into our final year of training. I wish to take this opportunity to thank the leadership of our medical universities, the Vice Chancellors, the medical Deans and their teams of academics and administrative leaders who accepted our point of view to see this as an opportunity rather than as an impossible disruption. All medical schools were represented in our meetings with Cuban Authorities on 28 and 29 April in Havana. We even left four of our top medical academics to interact with their Cuban counterparts and our medical students to finalise the preparations. They have reported that the engagements were very successful.

There is no doubt that as we prepare for the implementation of the National Health Insurance, NHI, we need a major shakeup of our health delivery system. We need to bring more professionals – especially doctors – into the public health system but we also need to accelerate the transformation from a curative to a primary health care approach both in the service and in the training. We are convinced that the big

injection of Cuban-trained doctors into our system can, if handled properly, take us a long way towards realising the dream of quality public health care. We will be working around the clock with our partners in provinces and medical schools to make sure that the integration is a success.

Hon members, South Africa, like many developing and developed countries, remains in the grip of an ever-increasing incidence of noncommunicable diseases, NCDs. As we always emphasise, these are diseases related to our changing lifestyles. Again, we should remind ourselves that these diseases are influenced by physical inactivity, tobacco use, unhealthy diet and the harmful use of alcohol.

According to the 2016 SA Demographic Health Survey conducted by Statistics SA, the Medical Research Council and the national Department of Health, while the overall mortality rate has been declining, and while there are still unacceptably high levels of communicable diseases such as HIV and TB, what is more worrying is the rising tide of noncommunicable diseases.

Noncommunicable diseases were responsible for over 57% of deaths, while communicable diseases accounted for only 31% of

deaths. High rates of smoking and alcohol use were observed among South African men, with the same population suffering a high prevalence of hypertension and obesity. Based on a body mass index score, 68% of women were overweight or obese, compared to 64% in 2012. In men, obesity was at 31%. Again, the 2016 survey indicates that diabetes is the number one killer.

Recent studies also confirm that the risk of contracting TB is three times higher for people with diabetes than for people who do not suffer from diabetes – a statistic that confirms the co-morbidity between the two conditions.

We are happy that the President of the Republic, President Matamela Ramaphosa, is leading the country by promoting a healthy, active lifestyle by taking his regular morning walks all over the country. We want to encourage South Africans to follow his example, maintain it and spread the message. This must of course be backed up by healthy eating, no smoking and abstinence from or at least responsible use of alcohol.

The Department of Health will continue to work with various partners including NGOs, other public bodies including government entities and business to promote healthy living. We

call upon media houses to avail more free or low-cost slots on their platforms to promote active lifestyles and healthy living.

Because government has a specific duty to protect the public, we will continue to strengthen regulations in this regard. These regulations will address quality of food in reducing harmful substances such as salt, sugar and fats.

More work has been done to reduce exposure to tobacco smoking and advertising of alcohol. As the Minister has already mentioned, we recently submitted to Cabinet the Control of Tobacco Products and Electronic Delivery Systems Bill, which will, amongst others, legislate for 100% smoke-free indoor public places and prevent tobacco vending machines in public places. The Bill also makes provision for graphic or pictorial warnings on tobacco packages. It also seeks to prohibit any form of advertising of tobacco at points of sale. The Bill also includes e-cigarettes in the definition of tobacco.

The Department of Trade and Industry, DTI, is also tabling the National Liquor Amendment Bill which will, amongst others, raise the age for sale of alcohol to 21 years from the current

18 years. We hope this will reduce the high intake of alcohol in our society.

Where disease does set in, it is important that it is detected early and therefore we will continue to roll out screening opportunities. We are increasingly making sure that our screening campaigns combine both communicable diseases and noncommunicable diseases. In other words, as we screen for HIV and TB, we also screen for noncommunicable diseases.

For those who finally need treatment, we have developed treatment guidelines at our primary health facilities which we hope will improve adherence. Those who are stable on treatment will continue to be rerouted to collect their treatment closer to home and away from health facilities to help with decongestion.

In the 2018-19 financial year we hope to increase more opportunities for comprehensive screening for both NCDs and infectious chronic diseases ... test and treat. We hope to improve the campaign for cancer awareness, detection and treatment. We hope to review the Strategic Plan for prevention and control of NCDs. We hope to roll out the school learners screening campaign and the provision of assistive devices.

Increased roll-out of cataract surgery – a simple procedure which improves sight and quality of life tremendously – will also receive a boost. Psychiatrists and psychologists will also be contracted to support practitioners at primary health care facilities.

The Department of Health is responsible for a number of public entities. I will mention a few. The National Health Laboratory Service, NHLS, continues to provide affordable, high quality services through 268 laboratories in primary health care facilities and hospitals. The NHLS has gone through managerial and financial challenges but it is now stabilising. We appreciate the cooperation of provinces that do make full and timeous payments, though this is not always the case. Interventions to contain costs have been introduced such as the Electronic Gate-Keeping system which makes sure that only appropriate tests required by clinicians are ordered.

Among the highlights of the NHLS performance are that 90% of CD4 and TB GeneXpert tests are expedited within 40hrs. Turnaround times have been reduced for 90% of PAP smears for cervical cancer. Expeditious reporting on haematology and blood chemistry tests has seen results being available within eight hours. The implementation of liquid-based cytology for

cancer detection has been rolled out to all nine provinces. The National Institute of Communicable Diseases has a robust surveillance system which was seen in action with during the recent Listeriosis outbreak. Training of pathologists, medical technologists and medical technicians ...

The South African Medical Research Council remains a leader in driving medical science excellence combined with good governance. It is a leader in producing young scientists, scaling up support to produce 100 PhDs in health sciences per year. This is the target. Amongst others, it is involved in the Brics countries' TB research network. It collaborates in research with African scientists ... Thank you. We hope that the hon members will support our Budget Vote. [Time expired.] [Applause.]

Ms C N MAJEKE: Hon Chairperson, hon Minister, hon members and our guests in the gallery, good afternoon, the original vision for community service was to address health care inequalities in rural and underserviced areas through the placement of health care workers in poorly capacitated health facilities, yet rural communities are left in community service allocations. This vision has yet to materialise. Contrary to the Community Service and Internship Placement Guidelines

2017-18 and the national Department of Health strategy of Human Resources for Health SA, Strategic Priority 8, large numbers of community service officers are concentrated in urban areas. In the Eastern Cape, there has been noticeable evidence of regression of this service. Hospitals, which rely solely on community service officers for the provision of services such as occupational therapy and physiotherapy, did not receive any community service therapists.

Accordingly, we suggest the following: The process of allocation must be transparent and data pertaining to the distribution of community service officers across all provinces must also be made widely available; the strict and urgent enforcement of compliance to the Department of Health policy on the allocation of community service officers in rural areas; resource prioritisation must occur in a manner that favours rural and underserviced areas; community service officers must be made to realise that community service is a duty and they should not be granted the privilege to decide where they would like to be placed and sufficient work-related support should be given to community service officers.

One of the historic hospitals, Victoria Hospital in the remote area called Alice will be marking its 120th anniversary this

year. It was established in 1898 through the Lovedale Missionary Institute, and it was the first hospital in South Africa to train blacks as nurses. Its most famous graduate Cecilia Makiwane, who qualified in 1907, became the country's first black nurse.

This hospital has a deep connection with the Fort Hare University through academic programmes. It earned itself a national reputation during the 1930s and 1940s as a specialist orthopaedic facility. In 1940, the Macvicar Hospital was opened on the Victoria Hospital ground to become the South Africa's first tuberculosis facility for Africans.

Accordingly, as we mark this important milestone, we invite the Minister to consider making this achievement a memorable one that will sustain the legacy of Cecilia Makiwane and many others who became beacons of light for the people of Alice and the Eastern Cape, especially because it is Mama Sisulu's centenary, who was also a nurse herself.

The best that can be done is to improve the infrastructure of Victor Hospital and build new and bigger wards to respond to the ever-increasing demands of a growing population. The Bedford Orthopaedic Hospital in Mthatha also needs a lot of

attention, especially in increasing the wards as it is the only facility which is an orthopaedic hospital serving all the areas across the Kei River.

Hon Minister, we comment the improvements that are taking place at Frere Hospital and all we request is more staffing, including more doctors. That incidentally was the hospital where I trained as a nurse.

In conclusion, we request that you consider this important request. We support the budget. Thank you.

Mr W W WESSELS: Hon House Chair, public health is deteriorating daily and people are suffering. The solution does not lie in Cuba or in the National Health Insurance, NHI. The solution lies on caring government. Our provincial hospitals have become mortuaries instead of places of healing. No matter how efficient you are as a Minister, your provincial counterparts in efficiency are killing patients. We comment the many nurses, doctors and other health care professionals who work selflessly under extremely difficult circumstances in hospitals and clinics where safety is of concern and where essential equipments and medicine lack.

The crisis facing our health care system is not due to budget constraints but it is rather due to maladministration, looting, corruption and a complete lack of consequences for transgressions. Chief executive officers who do not meet the requirements set by the Minister are appointed at hospitals but nothing happens. Let me also give you an example of how government is failing the people. A six-year-old girl was severely raped outside Kroonstad, a few years ago. Medical staff gave her an aspirin and told the police that there is nothing wrong with her and the police took her to a nearby provincial hospital. The police could see that the girl was in excruciating pain and took her to Bongani Hospital, nearly 80 km away. The girl was screaming all the way from the pain she suffered from. At Bongani Hospital she received emergency surgery. That is the problem that we have in hospitals, where the staff is not trained and where they do not have the dedication to actually act in the best interest of our patients. We have administration staff that is only interested in themselves and not in the actual plight of the patients out there. Something is seriously wrong. The solution cannot lie with National Health Insurance, hon Minister.

The prerequisite for National Health Insurance is a public health care system that works. Implementing NHI will seriously

cause a more severe plight in the public health care system and will not solve the problem. If we do not address the problem in our provincial departments where maladministration takes place and hospitals are in a complete mess, NHI will never work. The money is being stolen and it is not being procured to actually care for the patients. We need a caring government and currently we do not have one. Only a caring government will address public health care, not Cuba, not the NHI, and not even sending students to Cuba. [Interjections.]

Start addressing and cleaning your own house, look at your provincial MECs who do not care about their provinces but only care about themselves. They procure contracts to the Guptas instead of actually looking what is the best for the provinces, especially the clinics and provincial hospitals which have deteriorated in terms of infrastructure. They have money; they do receive the grants but they don't spend the money. Address that! Address your own party, clean your house and then the people will have better health care. I thank you.

Mrs C DUDLEY: Chair, hon Minister, the ACDP is concern that health services throughout the country are not keeping up on an equitable basis with new technology and that many health facilities offering maternity and CTRP services do not have

basic ultrasound equipment or suitable trained staff for that matter.

Much is being said in other departments about keeping up with technological revolutions with the world as experienced and continuing to experience. And yet the most scientifically based sector traditionally is arguing in that basic technology like ultrasound equipment is not necessary in all health facilities.

Maternal and child deaths which are still a concern in South Africa have received significant attention especially in the view of the Millennium Development Goals, MDGs, and now the Sustainable Development Goals, SDGs. What has been noticeable is and a little odd is that still birth targets were omitted from the MDGs and remain absent from the SDGs.

It is peculiar for many reasons but not [17:30] least of all the fact that giving birth to a stillborn infant is one of the most heartbreaking and tragic events for any parents and their family. These babies die either during pregnancy or during the process of giving birth and the ranking of stillbirth in 193 countries by the lancet medical journal South Africa was placed at a 148.

The causes of stillbirth are closely connected to the same influences that affect maternal and new born mortality which are often identified too late if at all.

While more research is necessary to understand the causes of stillbirth before labour... we do know that cleminus infection prevention reduce waiting times, drug availability and improved staff attitudes have been identified as being important factors in improving management of labour and delivery. The ACDP calls on the Minister to calls radical steps to improve management of labour and delivery.

We are calling on the department to recognise that significantly reducing child and maternal mortality and even stillbirths would need more than just increased access to abortion. And to provide women with scientific information about their pregnancy, make ultrasound equipment available in all health facilities, train health professionals in line with this technological age that we live in. This must be a basic norm.

The world health organisation guidelines are followed so closely by our health department according to their own testimony, has caused the importance of what they preventable

deaths in reference to stillbirths and maternal and child mortality. And yet arguably insisted ultrasound equipment is not needed where maternity and p[17:32] are provided.

The ACDP calls on the department to ensure the training of health care workers includes the importance of counting every birth and every death. Health care workers are well places to assist in providing relevant help and information as the grieving from a stillbirth or CTOP is often left to the mother to shoulder alone. The ACDP on the Minister to ensure budgets extend to counselling of women experiencing stillbirth and termination of a pregnancy which prevents a life birth. The ACDP will not support this budget which is discriminatory and not prioritising adequate protection and services for moms and their babies. Thank you.

Mr T M NKONZO: Hon Chair, the ANC has declared 2018 as the year of celebrating the lives of our icons, Tata Nelson Mandela and Mama Albertina Sisulu: “The Year of Renewal, Unity and Jobs”.

While we reflect on the life of Mama Albertina Sisulu, in particular, and her contribution to the health sector, we are thus making a clarion call to all South African health

practitioners, professionals, people with expertise in this emotive sector, to intensify efforts to help improve the health of our people in honour of her lifelong contribution.

The national department has its entities and these play a significant role in this regard. For instance: Firstly, On the National Health Laboratory Service, this entity supports the department by providing cost effective diagnostic laboratory services to all state clinics and hospitals and services more than 80% of population through a national network of 268 laboratories. Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the Anti-Venom Unit.

South Africa, through the work put in by the National Health Laboratory Service, NHLS, has become the first country to have two laboratories awarded first-star level out of 18 countries audited by the African Society of Laboratory Medicine using a World Health Organisation accreditation system.

The NHLS has been successful in the rollout of the Laboratory Information System in all its labs across the country. This has resulted in an integrated management system of all lab

data. The NHLS Corporate Data Warehouse has resulted in the development of the first National CD Viral Load Monitoring Dashboard, which is an online tool to monitor CD4 count and viral load in HIV –positive patients.

When the country was recently plagued with the listeriosis outbreak, it was through the efficiency of the National Institute Communicable Diseases, NICD, the scientists and environmental health practitioners who worked tirelessly during this period. The NICD was able to identify the source of the outbreak which was confirmed to be the Enterprise Food-Production facility in Polokwane.

Chair, we acknowledge and recognise the historic challenges that have existed in the NHLS, particularly on its funding model; governance and leadership. However, the NHLS has worked on these challenges and the department has ensured that the NHLS governing document, the NHLS Act, is amended to address these challenges and ensure that the entity operates optimally.

The ANC is happy to announce that the committee has recently adopted the NHLS Amendment Bill, and we are confident that the entity will be able to fulfil its mandate.

Secondly, on the South African Medical Research Council, the SAMRC is the custodian for medical research in South Africa and is the centrality of scientific excellence, with intramural research being prioritised so as to maximise the impact on the Sustainable Development Goals.

The total budget allocation for the SAMRC in 2018-19 is R1,1 billion. The SAMRC's complete budget comprise two components namely, the annual baseline grants from the NDoH and donor funding.

The ANC commends the SAMRC on the several new initiatives they plan to undertake during this financial year, some of which include: Improved funding of intramural units through the establishment of an Intramural Research Fund focussing on emerging and previously disadvantaged individuals; and expanding its African footprint through collaborative projects with scientists in African countries, which compliment existing work in Rwanda, Ghana, Kenya, and Zambia.

Thirdly, on the Compensation Commission for Occupational Diseases in Mines and Works, as the ANC, we welcome the establishment of One Stop Service Centres in an effort to decentralise services for current and ex-mine workers,

especially in labour-sending areas within South Africa and beyond our borders.

The CCOD has experienced challenges in the past and as a result, had not submitted their financial reports. This has crippled the CCOD's ability to paying claimants, dating as far back as year 2000.

The report to date, however, is that the CCOD has addressed this challenge in their submission of its 2012-13 and 2013-14 financial statements and Annual Reports to the Auditor-General and their 2014-15 and 2015-16 reports have recently been submitted. We, as the ANC, encourage the CCOD to continue with the submission of the outstanding reports.

Fourthly, on the Office of Health Standards Compliance, the ANC commends the OHSC for their actions towards completing the norms and standards to be promulgated by the Minister of Health.

Lastly, on the SA Health Products Regulatory Authority, the ANC welcomes the establishment of this authority and urges SAHPRA to accelerate the appointment of its Chief Financial Officer and technical staff to address the staff backlog and

ensure that the vulnerable and poor are not burdened with increasing costs of medicine due to fee increases aimed at revenue generation.

In conclusion, House Chair, in echoing the sentiments of the ANC's Ready to Govern document, we, as ANC, are preoccupied with the need "to overcome the legacy of inequality and injustice created by colonialism and apartheid, in a swift, progressive and principled way".

We are confident that the realisation of a true united, non-racial, non-sexist, democratic and prosperous society will not be a pipe dream.

As the President of the Republic, President Ramaphosa, has reminded us in his state of the nation address, I quote: "we are at a moment in the history of our nation when the people, through their determination, have started to turn the country around". That determination must transcend into our daily lives and radically transform a once-unjust and unequal sector. [Applause.]

In the spirit of Thuma Mina, and in the words of our former State President, Nelson Mandela, "...for with freedom comes

responsibilities...".We urge the department, and all South Africans at large, to heed the call made by the President during his state of the nation address, and for each and every one of us to be willing and agreeable to say: "Thuma Mina". I thank you.

Ms L V JAMES: Hon Chairperson, nurses are on the frontline of healthcare in South Africa and yet government gives them little resources to carry out their duties while they tirelessly serve the South African people.

There is a major shortage of nurses in South Africa, which is worsened by the various challenges nurses face on a daily basis. It should, therefore, be no surprise that various clinics in South Africa are run only by nurses.

Large segments of our population in both rural and urban areas rely on nurses for healthcare and in many rural areas; nurses are the first and only point of contact for healthcare. A DA government would prioritise the filling of vacant posts and start to address the various inadequacies in relation to the training of nurses on the new Basic Nursing Qualification Programme.

In December 2017, it was revealed that government intends to introduce a new HIV/Aids and TB treatment combination in 2018 that will assist in decreasing the spread of the pandemic. This had been announced by South African National Aids Council, SANAC, chairperson and then Deputy President, Cyril Ramaphosa at the World Aids Day commemoration.

During the State of Nation Address, President Ramaphosa said that and I quote: "this year, we will take the next critical steps to eliminate HI V from our midst by scaling up our testing and treating campaign". No HIV treatment and testing campaign have been rolled out as of yet.

The 2018 Global Competitiveness Report shows that South Africa still has the highest number of Tuberculosis incidence out of all the participating countries. This is also coupled with some of the highest prevalence of HIV/Aids. We are also placed in the top 10 worst performers when it comes to life expectancy. This shows a failing health system and, we as a country should be ashamed.

Furthermore, the President promised that in the next three months a huge cancer campaign will be launched. As of yet, no campaign has been launched although Minister Aaron Motsoaledi

said the campaign would include talking about testing, early detection, prevention and treatment.

Patients, in especially KwaZulu-Natal, Gauteng and the Eastern Cape, still have to wait months to receive treatment. In the case of aggressive cancer this a death sentence in many cases. Various machines used for the treatment of patients are still faulty, broken or haven't been replaced. There has been no success in addressing the oncology crisis faced by the country.

In addition to this, people are dying queuing in lines at clinics to receive medical attention. Limited progress with the implementation of the Ideal Clinic programme is a huge concern. The vast majority of South African do not benefit from private healthcare and depend on over-burdened public clinics and health institutions to assist them in times of need.

In a written reply to the DA the Minister of Health admitted that our health facilities struggle to keep appropriate patients records or to retrieve patient files when patients visit health facilities.

We have a situation where patients migrate from one health facility to another to receive the same treatment which was given in a different health facility, a day before, or sometimes even just hours before. The government can't even keep proper records. Our entire public health system is in shambles.

Ambulance services remain a major challenge, especially in the deep rural areas. This means that patients have little chance of receiving ambulances in times of emergency. We are denying South Africans their Constitutional rights, Minister.

Our people deserve better and this Budget does not address the major failures in the health system. The DA is the only party that can provide the poor and vulnerable with quality health facility services.

Mr A M SHAIK EMAM: Hon House Chairperson, on behalf of the NFP we support the BRRB Report to be tabled here today. Allow me also to commend the department and in particular the Minister and his team for the hard work he is doing in trying to ensure that the National Health Insurance o universal health cover for all South Africans the poorest of the poor becomes a reality.

It is a very difficult environment indeed having inherited a very challenging health care system in the country as results of the apartheid policies of providing quality health care to the few at the expense of the majority of our black people. Adding to this is the limited power that national departments or Ministers have the mandate being in the provinces.

Now, I stand here very disillusioned today. I am very unhappy and I am going to tell you why I am so disillusioned and so unhappy. While health is supposed to be the mandate of the national department, our people in the Western Cape are going through a crisis.

Now, let me start of by telling you, the list is endless. The day hospitals have only one doctor and turn away people daily, patients coming at five o'clock and when there is emergency they are turned away to come the next day because there is no enough staff until they have given up.

Clinically nurse practitioners are required to perform duties of a doctor even though they have only had five days of training. Patients come at five and go at four o'clock everyday. Clinically nurse practitioners

Mr W M MADISHA: Hon Chair, the provision of healthcare services plays a vital role in giving effect to our Bill of Rights be it access to healthcare or that no one may be refused emergency medical treatment or the right to life or the right to dignity, respected and protected. All of these rights instead of being respected, promoted and fulfilled are being disrespected or violated on a daily basis within our state healthcare system.

I shall give you areas and examples where our state healthcare services are failing. This failure's root cause lies in bad governance and unethical leadership. Tragedy is defined as an:

> Event causing great suffering; destruction; and distress such as serious accident; crime or natural catastrophe.

The Life Esidimeni, a tragedy in Gauteng was neither an accident nor a natural catastrophe. Its genesis and consequences were and are criminal just like in Nkandla and state capture. It represents the tragic consequences when ethical and responsible leadership and the entire systems and values that inform and underpin good governance fail. This is also characterised by a culture of impunity reigning supreme.

In KwaZulu-Natal many have suffered and hundreds have died in the provision of oncology services. An average waiting period for a patient to be seen by an oncologist is five months and eight months waiting period for radiography constitutes a life sentence for many needy patients. The SA Human Rights Commission found that both the national and provincial health departments were guilty of infringing upon the constitutional rights of cancer patients in KwaZulu-Natal.

Warning signs are flickering in Gauteng in respect of the provision of the oncology services despite denials of an impending crisis. I am aware that the Welkom in the Free State is serviced by one oncologist who visits but not frequently. We may be facing an impending nationwide oncology crisis. In Mpumalanga, the SA Medical Association claims that staff shortages, a lack of adequate medical equipment and the safety of medical staff in Mpumalanga's public hospitals are severely impacting on the quality of healthcare.

We have witnessed violence in North West and unbecoming protests by hospitals staff including the forced closure of facilities. [Time expired.]

Ms E R WILSON: Hon Chairperson, may I open to say our thoughts with the axed staff members of Netcare Milpark Hospital who we assisted after an awful accident on the N1 on Saturday too were critical injured may your recovery be speedy. The Department of Health has flatland and its chance of resuscitation in anytime soon is very unlikely. You will have to be commodores not to see a disaster looming.

The problems since went into the new financial year with R13,8 billion of accruals, the bulk which is from the Gauteng province. Over R1 billion is recorded in a regular fruitless and wasteful expenditure. You cannot deliver effective health services or care for the poor and vulnerable when at the outset of the financial year monies allocated are spent on accrued debts or will be lost through regular expenditure. The R134 million or 88% of the budget being transferred to the provinces cannot be used to upgrade services. It is going to debts and staffing and the health system faces collapse.

The department faces R28 billion in malpractice claims and this is set to escalate as the health facilities in South Africa continue to disintegrate, erode and attract fewer health professionals who cannot work in such appalling

conditions. Nowhere in the budget is provision made for such claims or even a portion of them.

With entities such as the National Health Laboratory Services, National Association of Pharmacy Regulatory Authorities, Napra and the Oxygen-hemoglobin equilibrium curves, OHEC, all reporting challenges of insufficient and inappropriately qualified expects in various fields. Consultation and external contractors costs have increased from R179 000 to an access of R25 million in the 2018-19 financial year and this is expected to increase to R75 million in 2021.

Agencies support and outsources services have escalated from R1 million to R25,8 million. Explanations for such astronomical increases are vague and that a clear indication in the Department of Health and its entities are in need of more intensive care. It is incomprehensible that the budget for radiation control and health technology has faced a massive cut of 90% in the 2018-19 financial year.

Given the current oncology crisis in South Africa this is very troubling. No explanation for this has been given; another clear indication that the Minister and the governing party give a little priority to a large part of the South African

population who are ravaged by the disease. Budgets for computer services and compensation of employees have also faced massive cuts. Where does that leave the health system? Failure!

The Compensation Commission for Occupational Diseases has only just presented its 2010-2012 annual report to the portfolio. Justification given to the committee was shortages of administrative personnel to capture data. Really!! Do you think this will take eight years to fix that? Minister, we are not sure what you have been doing since your appointment but it would appear that you have been altogether out of touch with the terminal condition of your department.

Minister, you cannot deliver because there is no infrastructure, professionals and medicines in a majority of clinics and hospitals. Emergency services are in a terrible state and severely under-resourced. Where are the new clinics mentioned in the Mid-Term Budget and the new hospitals? We revitalised but we have not built them.

May I encourage you, Minister to spend time in the Western Cape Department of Health? It is the only province that is functioning properly with the good track record and the great

audit report. [Interjections.] Not surprising though, it is managed by the DA. I thank you.

Mr A F MAHLALELA: Hon Chairperson, Minister and Deputy Minister, all Ministers present, comrades and friends, "Health is not everything, but everything is nothing without health". Those were words from the Indian spiritual master and author of *Yoga in Daily Life: The System.* Everyone will probably agree with him that health is a human being's first happiness. That is the essence of it all. Should we fail to take care of our health, we will lose our happiness as well as our wealth. Our health is mostly influenced by the food we eat, our way of thinking, our relationship with ourselves and the world and the influence of the environment.

Section 27 of the Constitution enjoins us to ensure that everyone has the right to have access to health care services, including reproductive health care. It stipulates that the state must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of these rights.

This constitutional imperative therefore urges government to ensure that there is universal access to health services. To

achieve universal health coverage, institutional and organisational reforms are required in order to address the structural inefficiencies, ensure accountability for the quality of health care services rendered and ultimately to improve health outcomes, particularly focusing on the poor, the vulnerable and disadvantaged groups.

The current two—tier system which we inherited is not only inequitable and inaccessible to a large portion of South Africans, but institutions in the public have suffered underfunding, human resource capacity and deteriorating infrastructure.

There has however been improvements in health access which has overburdened the public health system. The situation is further compounded by public health challenges, including the burden of diseases such as HIV and tuberculosis, TB, the shortage of key personnel and the dramatic growth of noncommunicable or lifestyle diseases.

Regardless of all these challenges, the ANC government is responding with a far—reaching transformative plan to revitalise and restructure our health care system, which includes the following:

Firstly, fast-tracking the implementation of the National Health Insurance, NHI, which will eventually ensure access to health care as a right; social solidarity; equity; health care as a public good and social solidarity; health care efficiency; affordability; social investment; effectiveness; and appropriate levels of care.

The NHI is now undergoing the second phase of implementation although the extent of reform interventions of the first phase is still unclear as the department is still busy with the evaluation process. The annual performance plan is however silent on delivery timelines in relation to the setting up of the fund, regardless of the pronouncement made in the 2017 budget by the Minister of Finance when he said, "In the next phase of the NHI implementation, an NHI fund will be established". According to that statement, the initial focus of the fund will be:

Firstly, to improve access to a common set of maternal health and antenatal services, and family planning services, as the Minister has already alluded to;

Secondly, to expand the integrated school health programmes, which, as the Minister has indicated, will include the provision of spectacles and hearing aids; and

Lastly, to improve services for people with disabilities, the elderly and mentally-ill patients, and including the provision of wheelchairs and other assistive devices.

However, we are pleased to learn, as the Minister indicated, that the NHI legislation is currently on the way, as promised during the state of the nation address, when the President said that the Bill will be tabled before Parliament. We are awaiting it.

There has been an observation that the bulk allocation in programme two, which is your NHI and Health Planning and Systems, flows towards consultancy fees. There is therefore a need to build internal information technology, IT, capacity as an important strategic goal going forward as the department rolls out its multiple e-platforms to reduce the reliance on consultants.

There are welcoming efforts that the department has made in strengthening the fight against HIV and TB through, as the

Minister announced, the systematic implementation of the 90-90-90 strategy — the noncommunicable diseases — by launching a national campaign against cancer, and to intensify our efforts to reduce smoking, and alcohol and sugar consumption.

There is also a need to improve our human resource management at state hospitals and to strengthen co-ordination between the public and private sectors.

The department has thus far very successfully managed to deploy more than 3 519 ward-based primary health care outreach teams. These teams are fundamental in ensuring that we implement primary health care. Primary health care, as you all know, is the cornerstone of health care delivery in South Africa and is therefore a very fundamental building block towards the NHI.

The health status of South Africans is rapidly improving. According to Statistics SA, life expectancy has increased in 2017. It shows that life expectancy improved from 59,6 years in 2009 to 62,5 years in 2014 and to 64 years in 2017. This represents a male life expectancy increase from 55 years in 2009 to 61,2 years in 2017, while female life expectancy has increased from 58,7 years in 2009 to 66,7 years in 2017.

That's a great achievement thus far. We are therefore confident that the department is on track and will be able to achieve the Medium-Term Strategic Framework, MTSF, 2019 target of 65 years.

The government's consistent efforts and focused plans to improve maternal, child and women's health have yielded positive results. This is consistent with the goals of the National Development Plan's 2030 vision. According to Statistics SA, the infant mortality rate improved from a baseline of 42,8 deaths per 1 000 live births in 2009 to 36,6 deaths in 2014 and to 32,8 deaths in 2017, while the under five mortality rate improved from a baseline of 63,3 deaths per 1 000 live births in 2009 to 49,1 deaths in 2014 and to 42,4 deaths by 2017.

The number of people who tested for HIV has increased exponentially from a low base of 1,5 million in 2009 to 14,2 million in 2016. The rapid scale of antiretroviral, ARV, services has resulted in a significant increase in the number of people receiving antiretroviral treatment, ART, in 2009, which was at 1,1 million ... were initiated and now has increased to 2,9 million in 2014 and then to 4,0 million in 2017. Thus, according to the annual performance plan, there is

an intention to make sure that there is an additional two million more by 2020.

We welcome the department's plan to screen and test 14 million people annually for HIV and TB-related diseases, as the Minister indicated. However, we wish to encourage the department to continue with its efforts of directing most of its focus and energy on preventative measures so that we are able to prevent the recurrence of these diseases.

We also want to commend the department on the TB treatment outcomes which have shown consistent improvement. The success factors for the impressive TB outcome indicators include improvements in the effectiveness and efficiency of the routine TB control programme through interventions such as: Intensifying the identification of TB patients; Ensuring that TB patients take and complete their treatment; Continuous training of TB tracing co-ordinators; Effective tracing of TB patients and suspected TB patients; and Improving the functioning of the multi-drug resistant, MDR-TB control programme, including earlier initiation of treatment and decentralised treatment.

In relation to infrastructure, we wish to commend the department for its effort to repair and refurbish 150 facilities in NHI districts and its intention this financial year to maintain, repair and furnish 125 facilities in NHI districts, construct and revitalise two hospitals and construct and revitalise 20 clinics and community health centres.

Despite these efforts, we are however concerned that the Health Facility Revitalisation Grant and the indirect component of the national health grant is being reduced by R511 million and R309 million respectively for the 2018 Medium-Term Expenditure Framework, MTEF, as this is likely to affect the departmental infrastructure delivery programme. We wish to encourage the department to redirect conditional grant allocations towards the maintenance of infrastructure and equipment in order to meet the target of ensuring that all facilities comply with the ideal clinic model.

There’s also a need to develop systems that ensure that provinces provide sufficient budget provision for absorbing qualified health professionals, especially nurses and doctors, as their human capital plans. This will be in line with the

preamble of the National Health Act of 2003 as amended, which states:

> ... to promote a spirit of co-operation and shared responsibility amongst public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health.

There is therefore an urgent need to pay special attention to the major issues that are currently bedevilling the public health system, which are: inadequate infrastructure for mental health services which is impacting negatively on the quality of services; limited progress towards the implementation of ideal clinics, which according to the report, only 1 227 primary health care facilities have achieved — an ideal clinic status — as opposed to the 2 823 target in 2019; and a need to address the immense financial pressure that public health is currently experiencing, which includes the issue of the R16 billion accruals.

Despite these improvements we must understand that the mortality rates are still unacceptably high for a country like South Africa. Premature deaths, injury and high absenteeism

and presentisms due to poor health status contribute to low productivity at work and therefore slow economic growth. It must however be noted that poor health outcomes are not exclusively a reflection of a health system alone. There's a vast range of generic, socioeconomic and behavioural factors that influence a population's health status and many of these factors are the ones that drive poor health outcomes in our country. These include issues such as poor housing and access to water and sanitation; high levels of indoor pollution associated with fires and cooking; poor diets; and high levels of alcohol, tobacco and sugar beverage consumption.

According to global statistics, South Africans are among the highest consumers of alcohol. According to a statistical update from the World Health Organisation, WHO, in 2015 pure consumption per litre in South Africa was at 11,5 per capita per year. The harmful effects of alcohol consumption in relation to health results in violence, death and injuries through reckless driving, fetal alcohol syndrome, risky behaviours leading to the transmission of infectious diseases such as HIV and Aids, neuropsychiatric disorders, as well as various cancer diseases, and it has the ability to destroy and disrupt communities and families.

We welcome government's efforts to reduce sugar consumption through the implementation of the sugar tax that was introduced this year.

Coming to the issues that some members have raised, we want to assure the Minister that in the portfolio committee there has never been anyone who has a different view. They are grandstanding because they want to present their political views but at the portfolio committee level no-one has ever raised a matter that they are raising today.

In relation to what hon Dudley has raised, it's unfortunate that she has raised the matter in the manner that she has raised it because in the portfolio committee there was no indication that an ultrasound system is not necessary. We said it was not necessary as a precondition for a woman to take a decision to abort. We never said it's not necessary for it to be used. No, we never said that. So you must be able to ...

Hon James must read the annual performance plan on page 56 around the issue of emergency medical services, EMS. It's there in detail.

The ACTING CHAIRPERSON (Ms L M Maseko): Hon Mahlalela?

Mr A F MAHLALELA: Hon ... [Inaudible.] ... you must read your ...

The ACTING CHAIRPERSON (Ms L M Maseko): Hon Mahlalela?

Mr A F MAHLALELA: You must read page 56 of the annual performance plan as well, hon Wilson, on the question of the oncology services. [Interjections.]

The ACTING CHAIRPERSON (Ms L M Maseko): Hon Mahlalela?

Mr A F MAHLALELA: It's there in the document. You must go and read. [Applause.]

The MINISTER OF HEALTH: Thank you, hon House Chair. Thank you hon members for this very lively debate about this very important debate on budget debate on Health.

Hon Kopane, the issue of corruption is not in any of our plans. It is not in the White Paper on National Health Insurance, NHI, not in any of our APPs. It is a crime, and we are standing here today to tell you that anybody, regardless of which party they belong to, including my own party, if they were found to have stolen from the poor they must be arrested.

So, yes, they must be arrested! Don't think we are going to run away from this issue of Mediosa, Buthelezi or whoever. We have already submitted it to the Hocks, and last week in North West, I met the head of the Hocks and SIU and I asked them: Where are you – you have to arrest people who steal from healthcare. So, you are not going to use the reason of corruption as to why there cannot be NHI. It is a crime – it's stealing from the poor and people must be arrested! We agree on that one.

Hon Majeke that is a brilliant idea about Victoria Hospital and the relationship with Cecilia Makiwane, we will really look into it. It's a very exciting proposal you made and we welcome it.

Ntate Wessels. Eysh! Where do you start when people behave like this? Because this issue is repeated many times that our solution for health is not universal health – it's not NHI. The whole UN after thorough research has already said this is the solution for the world. And they put it as one of the 17 sustainable development goals of the world; and they said without it there will never be development about the other in the world.

Now, I am hoping that those who are still not believing – I am hoping and praying – hon Chair, you must ask the Speaker, when the Speaker responds to the director-general of the World Health Organisation to send Members of Parliament to Geneva to listen to the DG; please take them along because they will arrive there and get some education.

However, let me tell you exactly what they are scared of, not that they don't understand. This is the copy of the economist, not the very radical publication – the economist of April 28 to 4 May, it says: universal health coverage within rich worldwide. The case for universal health coverage is a powerful one, including in poor countries.

Now, let me tell you what hon Wessels and his ills are scared of – and they put it very clear here, they are not beating about the bush – they say there is no hiding that public health insurance schemes require the rich to subsidise the poor. That is what we are going to do! Yes, that is what they are going to do.

It's written here in the economist. The rich must subsidise the poor! And we are not going to apologise for that. The young must subsidise the old, and we are not going to run away

from that. The healthy must subsidise the sick! And we are not going to run away from that.

Now, if healthcare systems of the world were fixed and doing well we wouldn't need the universal health coverage. No! You can't say no, fix the healthcare system before NHI, if we fix it successfully and we are successful in that without NHI, then we don't need NHI. We need it because the healthcare system needs to be fixed. That is what universal health coverage is all about.

Hon James, I actually hate unfortunately, you are actually pushing me to that – trying to compare our provinces but you do that all the time – and come and attack us, yes. When the Health Professional Shortage Area, HPSA, accredited posts for internship provinces are supposed to create those posts. Do you know that here in the Western Cape this year they created only 56% of the accredited posts?

Yes, Gauteng filled 86%; KwaZulu-Natal 84%, the other provinces 100% of the post created, and here only 56% out of the 700 Cuban students who are returning they are taking only 40.

Hon Wilson, just one advice; you came to a wrong place; go and ask for a job in the soapies - that's where you belong. That is all I can say to you. [Time expired.]

Debate concluded.

The mini-plenary session rose at 18:27