**FRIDAY, 12 JULY 2019**

***PROCEEDINGS OF THE MINI-PLENARY SESSION – COMMITTEE ROOM E249***

The Council met at 10:00.

The House Chairperson (Mr C T Frolick) took the Chair and requested members to observe a moment of silence for prayers or meditation.

**APPROPRIATION BILL**

Debate on Budget Vote No 16 – Health:

The MINISTER OF HEALTH: House Chairperson, the hon Chair of the Portfolio Committee on Health and Members of Parliament, my colleague the Deputy Minister and other Deputy Ministers, Ministers and Cabinet members present, MECs of Health in the various provinces, heads of public entities and statutory councils, professional bodies, unions, civil society, deans of faculties of medical sciences and other academic institutions including medical

research councils and other councils, members of the public, ladies and gentlemen and fellow South Africans.

It is a indeed a pleasure for us to table today the National Department of Health Budget for 2019-20 of R51.46 billion.

The President, in the state of the nation address of the Sixth Parliament, indicated that we have to attend to the capacity of our hospitals and clinics. To this end, we have a social compact which has emanated from the discussions in the Presidential Health Summit held in October 2018. It will be signed by the President to confirm the partnership between government, the private sector, academia, health professionals, civil society including organized labour to build a health system for the country that will be ready to implement universal health coverage.

And, therefore, I welcome the presence today of all the stakeholder who are partners in health who are amongst us here, as I’ve indicated form the private sector, members of the public, patients’ associations, advocacy groups, the academic and research community, the various other sectors such as the representatives of various professional bodies and regulatory bodies who are here, I really do appreciate your support throughout all this process.

We recently attended the G20 Summit in which Health and Finance Ministers reconfirmed the commitment on our shared understanding about the need to strengthen health systems and health financing with the aim to achieve universal health coverage. And the point we made is that expenditure on health must be seen as investment in economic growth.

The Director-General of the World Health Organisation, WHO, Dr Tedros Adhanom Ghebreyesus, put nicely regarding the potential pay off, the universal health coverage, when said:

It is children who survive beyond their fifth birthday because they are immunized. It is women who are able to start small businesses because they don’t spend all their capital on health care. It is men who don’t die before their time from a noncommunicable disease.

So, it’s from this backdrop that we have to express our confidence to commit to this cause despite the existing challenges of the staff shortage, shortage of medicine, ageing infrastructure, inequity in the access and inadequate equipment amongst others.

We have to use the critical levers of health to narrow the gaps and bring about the resolution of the country’s woes such as low economic growth, inequality, poverty and unemployment and prevent the recurrence of human rights violations such as the Life Esidimeni.

It is on this basis on which through their President have sent a strong messages demanding improved services and elimination of long queues in health facilities.

What we have to do in health is in line with our goals on the National Development Plan, NDP, and the Sustainable Development Goals.

The major challenge of the health system is increasing burden of disease and the twin epidemics of communicable and non-communicable diseases.

So, based on the outcomes of the Presidential Health Summit we’ve put together some steps to intervene and deal with the health system. These interventions to help transform the health system, correct weaknesses but also create a platform on which to implement the NHI. Which is a way of providing social solidarity and providing

good healthcare for all by sharing the money available for healthcare amongst all our people. The health benefits that you receive will depend on how sick you are, not on how wealthy you are.

Under the NHI, health facilities and health workers will also be available to provide health services to all, more equitably. It all depends on our willingness to share as one nation. And if we can feel and act in unity about sports, surely, we can do the same when it comes to matters of life and death. The National Health Insurance is a chance, therefore, for South Africans to hold their hands together and really work together regardless of race, gender or creed.

Now, we have said that there have been concerns about the readiness of our system to implement NHI. I believe that too much of discussions have happened; analysis and diagnosis have been done, I think it’s time for us to just jump in to implementation

*IsiZulu*:

NgesiZulu kunesisho esithi umkhonto wegwala uphelela etsheni.

*English*:

If we continue analysing the whole problem, we’ll end up never actually getting to battle. And for that reason we believe, therefore, that there are a number of issues that we must tackle immediately and we do so we are both resolving the problems in the health system and at the same time creating a platform for the implementation of the NHI.

The first of the problems is the issue of equitable funding for the public sector. I think as we have been discussion across with my colleagues, all provinces have got a feeling that health is significantly underfunded and therefore, the current baseline needs to be corrected, particularly if you look at the size of the health service, the burden of disease and the quality that is expected out of it. To this end, we are engaging National Treasury to explore various modalities to adequately fund the health services. But, in the long-term investment in NHI will create funding mechanism that will permanently resolve this problem.

The second problem is shortage of staff. We believe that the shortage of staff in the frontline service delivery needs to be eliminated once and for all. [Applause.] So, of the 4 143 medical officer positions, we are ready to fill 2 680 of those this year. And of course, a proportion of the nurses, Allied Health Professions

and Community Health Workers that also have to be given attention. We give the figures in the detail of the text of the numbers that we think can be accommodated. But to be able to do this, we have actually instructed our departments to go and look for possible sources of funding to divert to this particular priority. And, therefore, the Department of Health and Treasury now have a team that’s working on reprioritising the budget, looking at vacant posts, looking at structures that are bloated that need to be downsized, looking at projects that need to be abandoned and also looking at restructuring conditional grants. All of these, we’ll report as we move on but effectively we are looking for alternative additional sources of funding. Mind you, I’ve said that even the original baseline does need to be looked at.

The third one is the supply of medicine. I also believe here that we need to give this attention. Budget for medicine needs to be ring- fenced and protected to prevent drug stockouts. So, we are looking at a mobile App which allows immediate reporting by patients and civil society every time that vital medications is not available in clinics and hospitals so that there’s a quicker feedback to the management to correct the situation, both at provincial and at national level.

We have also identified situations where there are global shortages we will always endeavour to ensure timeous alternatives that must be supplied so that people don’t go without any medication.

The SA Health Products Regulatory Authority, SAHPRA, will also be strengthened to ensure that they speed up the registration of medicines and also build capacity for local production of active ingredients as well as removal of application backlogs and accelerate the applications to make it easy for drugs to be accessed.

We also exploring procurement of available software to ensure that we can dispense medicine closer to where the patients are and we are partnering non-governmental organisations, NGOs, that have already done work on this particular area, focussing on the areas of townships, informal settlements and rural areas. There are areas already where we are able to get medication delivered without patients having to go to hospitals. This, again, will assist to reduce the patients’ waiting time and people just walking to the hospital just for medication.

The impact of these steps that I have indicated will be that of reduction of patient waiting time, less overcrowding at hospitals

and managing patient workload for both staff in the clinics and hospitals, and ensure that our people have medication without the inconvenience of wieldy queues in the hospitals.

The other issue to focus on is that of quality improvement. Here we welcome the reports by The Global and National Lancet Commissions on quality care. The quality of health care in the government-run facilities must improve to make the public sector a service of choice in terms of access, affordability, availability and appropriateness, technical competence, skills, effectiveness, efficacy, respect and caring amongst others. [Applause.]

So, when people approach our public sector they will be doing so because it’s their service of choice, not because they’ve got no other way to go.

We will, therefore, be using the office of Health Standards Compliance to monitor the improvement of quality at different levels. We’ll also be working on client satisfaction surveys to track some of the very sensitive issues which we believe that management needs to be alerted quickly enough to be able to ensure corrections, such as quality of food, hospital linen, cleanliness, attitude of staff etc. [Applause.] All of these for us are

nonnegotiable for which we need to make sure we partner with advocacy groups, civil society, our patients or our clients in ensuring that they give us feedback to help to correct the system.

The fourth one is, of course, we want to strengthen the office of the ombudsperson which is a channel where communities can raise concerns about the quality of health services. This one, we will strengthen and also work on a combined strategy of improved clinical care, efficient administration backed by strong legal interventions to reduce medicolegal claims by more than 50%.

The fifth one is improvement of governance. Here we intend to strengthen leadership at various levels to bolster service delivery and place the patient at the centre of care. We’ll review organograms and also look at bloated and inappropriate structures, adjust delegations and ensure that there’s authority at the correct levels for effective decision-making processes. In that way also, fight corruption and promote ethical leadership and eliminate wastage.

Consultation with the heads of specialist disciplines will be undertaken to strengthen clinical guidelines at tertiary and regional hospitals that we build capacity for all managers and

strengthen the system.

To improve governance also at our health facilities will ensure that clinic committees and hospital boards are up and running by the end of this year. These structures will be trained so that whenever these feedback mechanisms begin to kick in, they are able to effectively assist management of a clinic or a hospital to make amends and correct the system so that the patient service is improved.

The sixth on is infrastructure build. Here we believe that for the public to believe in NHI, the quality of the infrastructure has to be improved. Currently, there’s about R19 billion which has been set aside for the MTEF period to refurbish a number of hospitals and build new hospitals - at the same time - and clinics. But this is a lost of work that has been done but we also believe it’s not enough.

The department, at the moment, has actually done a whole cost analysis and audit of the quality of the services and the cost it would take to revamp literally every hospital or facility in the country. so, I’ve set up a team of experts in finance, health and health infrastructure from Treasury and Health to seek creative financing mechanisms and alternative models of delivering health

infrastructure. We’ve given them a clear directive to look at a programme that can actually start delivering, literally refurbishment of all the hospitals and building new ones within a horizon of five to seven years. This is the basis on which NHI will be operating.

Our current preliminary indications are that such is feasible and therefore, we are going to work on a plan and once it’s developed we’ll then be approaching provinces and all other stakeholders to ensure that we can start that massive infrastructure build.

The seventh one is strengthening the public health care and reorganizing the district health system. Here, we believe that strengthening various cadres, community care givers, community health workers, clinics and hospitals, nursing care as well as district hospitals, working together particularly with outreach programmes from doctors to ensure that patients can be seen without having to go to hospitals. And in the process also, bring in the services of general practitioners in private to be part of this whole base of which the NHI is going to be build. This move also has support from South African Medical Association, Unity Forum of Family Practitioners and Progressive Health Forum and so on. So, we

have lots of guidance on this area to try and take that process forward. [Applause.]

It’s important also to understand that there’s a role for traditional practitioners and other allied complimentary health professions in the building of this primary health care and we are going on with the discussions on how those roles must be further defined.

We also have support from the Health Professions Council of SA, HPCSA, the Pharmacy Nursing Council and the Traditional Health Practitioners Council, all of whom are also looking at what role they can play in strengthening that whole system.

The eighth one is stakeholder management. We believe that we have deal on this matter as a partnership, literally all of us here have got an interest in the building of the health services and therefore, we will be looking at strong angles of dialogue to be able to deal with various aspects that will strengthen the health system.

We are, therefore, going to be setting up an office for the implementation of the NHI that is going to give us the preliminary

plan of how this unit is going to operate. This is about building on the NHI fund, building on the capacity that is needed to manage the NHI, looking at the various models from various countries in terms of accounting, purchase of service, actuarial calculations; all of those issues are going to be worked on by this team.

In the process, we also have decided that a number of people must be trained in this regard. To start off with, there’s also patient registration system which at this moment has registered 42 million South Africans and by the end of the year we intend to ensure that all South Africans are already registered for NHI on a single registration.

We’ll also be working with the Department of Home Affairs for birth registrations so that children are loaded onto the system, all of this on the timeframes of the Department of Home Affairs.

We have worked with the deans and heads of specialist disciplines to look at how to strengthen the capacity at the hospitals as well as in the administration. So, we are identifying 30 managers within the next four weeks who must go out and be placed in institutions across the world who are practicing the national health system or NHI system so that they can actually learn on the spot. And here we used

the agreements that have come from Japan International Cooperation Agency, JICA, Department for International Development, DFID, French government, then in addition, the academic institutions will identify academics who will also be part of this programme and then we’ll use twinning to be able to build capacity in South Africa so that ongoing capacity on management of NHI will be resident inside the country. [Applause.]

Amongst the programmes that we will be identifying for purposes of initial loading on the identified districts using the report on the pilots as well as the report of the health office of standards and compliance will then identify about 20 districts from which the first load of various programmes will be focussed on.

HIV/AIDS is one of those and we spoke about the 90/90/90 goals and the need to raise two million other patients for treatment as well as elimination of defaulters with tuberculosis, TB, that will be focussed on. The campaigns that we are going to deal with for focussing on vulnerable groups particularly the younger women and men for testing, all of these we are going to be focussing on. We not the progress that has been made in the improvement of the life expectancy because of the antiretroviral treatment but we are concerned that the numbers are still rising and so, we have to

reduce the incidents of TB as well as of HIV. All of these are issues that we are going to be loading for earlier focus as we start the programme of NHI. So, the other area is going to be access to rehabilitation for psychological and mental health services for all our people to deal with the issues, particularly those who have HIV and TB; but also on issues on unnatural causes, the issues of domestic violence, other crimes and so on, we have to work together on all of these.

The other area that needs to be strengthened is that of the National Health Laboratory Services which is doing brilliant work now in supporting all the hospitals and therefore, their turnaround times have improved and their cost-effectiveness has improved, and this is going to be fundamental in dealing with supporting the NHI.

So, amongst the services that we will be focussing on immediately for those districts where we will be strengthening NHI immediately is maternal and child and neonatal health services; sexual, reproductive and adolescent health; issues of support and rehabilitation for the disabled people; services for the older people; palliative care and particularly those patients with cancer and HIV terminal stages; we will then be tackling both communicable

and noncommunicable diseases [Time expired.] thank you very much. [Applause.]

THE HOUSE CHAIRPERSON (Mr CT FROLICK): Before I call the next speaker to the podium I would like to welcome our guests in the public gallery. But I will request you that you switch off your cellphones please. I didn’t want to disrupt the Minister when he was busy with his speech but there’s a number of cellphones that went off. Please switch it off so that we don’t have any further disturbances.

Dr S M DLOMO: Hon House Chair, hon Minister Dr Zweli Mkhize, hon Deputy Minister Dr Joe Phaahla, Members of Portfolio Committee of Health, hon Members of Parliament, our guests, ladies and gentlemen, let me take this opportunity to congratulate both our Minister and Deputy Minister for being appointed by our President to lead Health in South Africa. Your past excellent contribution in health leadership in our country and in Africa and internationally will be a treasure for our country.

We would like to offer our support and good working relationship as we all discharge our different responsibilities towards improving health conditions of our citizens. In 1978 leaders of the world,

health activists, social activists and all peace loving and health promoting activists met in Khazakstan to deliberate on issues of human development and health.

The meeting closed with a Declaration which is known as Alma Ata Declaration. This declaration had a theme: “Health for all by year 2000”. Health for all citizens of the world.

Some citizens came back thinking that this 22 years of waiting was a long period to wait for a dream that would at least bring dignity to our poor people. Needless to say that the year 2000 came and it has now gone, and there was no health for all in the world. Nineteen years have since been lived and there is still no health for all citizens in the world. This dream has been delayed by those who continue to benefit from the inequality of health in societies.

This dream for us in South Africa is anchored on the Freedom Charter, FC, of 1955, clause No 9, which talks about a preventative health scheme shall be run by the state, free medical care and hospitalization shall be provided for all, with special care for mothers and young children.

Former Director General of World Health Organisation, WHO, Dr Margaret Chan, has mobilised leaders of the world to universal health coverage. So, it is time now that we move to progressive realisation of this dream of the Freedom Charter, dream of Alma Ata activists, we cannot wait any longer.[Applause]

We have termed our universal health coverage, National health insurance, NHI, in our shores. Can we be able to attempt to provide health for all? What financing system are we going to put in place to provide such noble programme? A programme that emphasizes on social solidarity, it talks about NHI being a public good. It says we must carry along those who are less fortunate and less resourced to be able to provide health for themselves, majority of whom are blacks in general and Africans in particular.

Opposing NHI is similar to a statement of a conversation that I could refer to someone conversing with someone in this way: “My dearest domestic worker. I am grateful to you for looking after my house, my children while I am in Parliament. Thank you for helping my children to know how to cross the road from school. While I have a medical aid called Parmed, I don’t think that you deserve it.

Over and above I am not able to support any programme that seeks to give you good health”. [Interjections]

The HOUSE CHAIRPERSON (Mr CT Frolick): Hon Deputy Minister, we have a speaker on the podium, let us keep the interjections down please.

Dr S M DLOMO: I’m not sure why there’s an objection because I’m relating to a story that could be said by any person who has a domestic worker at home. I’m not referring to anyone in the House, if there is anybody in the House then it is fine.

Then the conversation will go on to say: we do have a pool of so many domestic workers around us whom when your health deteriorates, I’ll go and pick one more because I don’t have space and time to take care of you. Because good health is for the rich. This is quite an immoral and uncaring attitude of some of the citizens in the world and some of them are probably on South Africa and some of them probably in the House. They continue to say just fix your clinic and hospitals and everything will be okay.

Our research shows that there is no country in the world that waited for all things to be fixed, clinics and hospitals before

implementing universal health coverage. We say we will fly NHI as we fix our health system.

Returning to the other programme, just last week we received 200 Cuban trained fifth year medical students returning to our motherland. This week and next week we will be receiving many more bringing the total to 647 returning students. We commend the Department Of Health for this vision of sending students to Cuba when our own universities at that time were either not willing or unable to increase their enrolment.

The benefit of these returning students who come from all over South Africa except Western Cape for reasons best known to DA is that they bring with them depth of knowledge in public health, trained in the country that has achieved the following: Cuba has improved the life expectancy beyond 70 years; eliminated malaria; has little or no maternal death; has little or no infant mortality, has little or no infant mortality; and has no under five mortality.

If we would want to strengthen primary health care and

NHI in our country, we must tap on this model of training students in Cuba. I would advise hon Minister to maybe look into a situation

of maybe bringing such a model in our universities in the country. [Applause]

I received a letter on the 9th July 2019 from Mr Mpho Mpogeng, President of the SA Emergency Practitioners Union. I phoned Mr Mpogeng the same day to acknowledge his letter. We further agreed that our offices will set up meetings addressing the issues raised in the letter namely: the plight of emergency medical

officers in our country. This meeting is scheduled for 23 July 2019 where we are going to tackle this matter.

It would be important to know how Hon Minister, how you plan to assist our workers in this category. Hon Minister and Deputy Minister I think it is thuggery for people to come to clinics and hospitals, finding nurses assisting injured people and threaten nurses to stop saving lives. Those incidents have happened in various parts of our country, recently in Gauteng and KwaZulu-Natal. We need to collectively condemn these atrocious acts. Again Minister, we would need to work with you on these social ills. After all, safety and security of our staff members and patients is one of the pronouncements of the department as non-negotiable.

We have since learned that on infrastructure hon Minister, you have plans. This government has actually done quite a lot but we need to look back that not only were you building new clinics but you also had to revitalise a lot of clinics and hospitals that were previously built by the apartheid government in our homelands. But, there were no maintenance plans that were put in place to ensure that those systems are in place, that is why among other things I just refer to the province where I from that King Edward Hospital has been revitalised by over of R200 million, following storm damages that came to that province and parts of the country in various hospitals.

Hon Minister you need to review your plan on infrastructure well as we would support you on any efforts that you will put in this regard. There is more is pressure to build new facilities but you also need to look back and improve those that you have already built.

In my previous life as a soldier I actually impacted. I’m really concern Minister when I notice this in health that when a of the South African National Defence Force, SANDF, a soldier were to report to Phalaborwa sick bay he/she would produce a force number and the medical file is brought out. That visit is also recorded

electronically, not only for the member for but for the dependants of that member as well. When the same soldier is at 1Military in Pretoria or 2Military in Cape Town, the file is retrieved within seconds. There is no waiting time in any of the SANDF sick bays.

There is no loss of files in the army in our country. There are no unscrupulous lawyers that that take our government to courts due to loss of medical records.

In that situation therefore hon Minister, we now know that there are no litigations that come to the army unplanned and unable to deal with because there is no loss of files, we don’t have patients waiting two hours to get a file. Hon Minister we plea that this must be looked into as a matter of urgency. [Applause]

On the staff shortage, we note what ewe have said and we actually support that, but we wish that hon Minister that you consider amongst other things, other categories of staff to be employed beyond those that you mentioned, porters, clerks and cleaners.

A clean hospital would not need a professional nurse. Taking those who have left this world into the new world into mortuaries is not done by nurses and therefore, in shortages if you leave and ignore

these other categories you might fight a hospital not functioning well.

We note your comments on the medical stock out, but we would like to say the explanation given by the department that the medical shortage is a global problem that affects all countries due to supplies not having active pharmaceutical ingredient. We would want department to be proactive, among other things announce and have a plan on how institutions that are experiencing drug shortages should respond to the public.

It is not acceptable that if the medicine is not available and therefore cannot be given for good reasons, there is no proper communication to the citizens of this country as to when and how they will get the medication. Hon Minister we would like to get a detailed plan of your department's fight against non-communicable diseases. Your annual performance plan, APP, does touch on this matter and talks about exercise in fighting diabetes and hypertension.

Countries that have healthy lifestyle have actually impacted very positively on non communicable diseases, NCD, because things like

those delay the onset of diabetes; they delay the onset of hypertension ... [Interjections]

The HOUSE CHAIRPERSON (Mr CT Frolick): Hon member your time has now expired.

Dr S M DLOMO: We support the budget of the Minister.

Ms S GWARUBE: House Chairperson, South Africa is one of the countries that spends the most spends the most on healthcare, with an accumulative budget of over R222 billion across all departments and its entities. One would think a department with a budget this large would be delivering the very least an adequate level of care. But all of us in this House know this not to be true. This is confirmed by the poor health outcomes of the majority of provinces and lived experiences of the people that we are meant to serve.

*IsiXhosa*:

Emva kweminyaka engama-25 safumana inkululeko kusekho abantu abajikiswayo kwiiklinikhi zethu apho bamele ukuba bafumana uncedo khona. Khusekho oomama abazibona sebebelekela ebumnyameni kwizibhedlela kukhanyiswe ngeethotshi zoonomyayi kuba kungekho mbane.

*English*:

There are still hundreds who died in unlicensed NGOs during the Life Healthcare Esidimeni tragedy and thousands who were sentenced to death by a completely preventable oncology crisis as was the case in Kwa-Zulu Natal, under Dr Sibongiseni Dhlomo’s leadership. This is the direct result of poor policy and no consequence management for provincial departments that underspent and embezzled public money and the sheer lack of excellence driven leadership at the political level.

Yesterday, the Cabinet announced that the National Health Insurance, NHI Bill will be approved and will be later presented to Parliament. It is unclear whether costing has finally been done and whether in its finalisation, the lessons from the failed pilot projects have been taken on board. This Bill came at an initial price tag of

R259 billion and the previous Minister admitted that this was a thumb suck.

The legislation will see the nationalisation of healthcare, the creation of a state• owned-enterprise which will be the perfect breeding ground for mass corruption and slow delivery of care. The NHI pilot projects across the country have failed in a spectacular

fashion. As such the Minister and his predecessor have set on a report that will give a fair assessment on his project.

When I asked the Minister last week about this report he simply said he does not care what it says. He said it does not matter how much the Bill will cost to implement. This government will simply push ahead. [Interjections.]

The HOUSE CHAIRPERSON (Mr C T Frolick): Order hon members; do not drown the speaker with your interjections.

Ms S GWARUBE: Minister, this is quite frankly a dereliction of your constitutional obligation and your responsibility to the people of this country. With much concern we are aware that there are provinces are yet to be fully engaged with what will be expected of them with the roll-out of the NHI. There has never been a constructive discussion about this legislation at the National Health Council with the nine provincial MECs and their Heads of Department.

To add insult to injury, over the medium-term budget there has been a R9 billion reduction in the investment of primary healthcare which is the real interface with our communities. Any legislation that

will see the improvement of a health system needs to do so from the bottom up and that needs to start at the primary healthcare level and not in the corridors of Luthuli House.

Minister, what is clear to me is that you are here to fight for the ANC and an ideological win. On the other hand, DA is here fighting for the people of this country. [Applause.] Nationalisation of healthcare will not bring about dignity to the millions who depend on public healthcare. The road to universal healthcare does not have to be paved with fundamentally bad policy proposals. South Africa can have universal healthcare that will see the entire system transformed so that it can serve the people who have been left behind for 25 years.

Under the DA health plan, people would not need to wait up to 15 years for their lives to improve. They would not need to wit for billions of rands that we do not have in order for them to have access to good health. The DA would roll out universal healthcare in five to eight years.

Mrs S P KOPANE: Hon House Chair, on a point of order: The hon member on the podium is her maiden speech and may you please protect her.

The HOUSE CHAIRPERSON (Mr C T Frolick): Well, the Whips of the DA should have informed me that it is her maiden speech. You did not inform me. Hon members, a maiden speech is usually given the opportunity to be heard. However, if you become controversial and you raise issues that are attacking other parties then you must expect to be heckled as well. I will intervene where necessary.

Ms S GWARUBE: The DA would roll out universal healthcare in five to eight years. It would be delivered through restructuring and reprioritization of the current health budget. It can be financed in two interventions. We would remove the medical aid tax benefit afforded to medical aid clients availing immediately R17 billion.

That would improve primary healthcare which is the bedrock of the system. It would be improving Primary Healthcare- the bedrock of a health system; investing in maternal and child health and improving the provision of emergency medical services.

With those interventions alone, the health system would drastically improve. We would not end there. We would assign every single South African with a subsidy that would afford them a standard health package.

Ms B TSHWETE: Hon House Chair, can the member take a question?

The HOUSE CHAIRPERSON (Mr C T Frolick): Hon members, it is her maiden speech. Let us allow the hon member to continue. During a maiden speech, you do not ask questions to a member who is delivering a maiden speech. I am told that the member has spoken in the House before in another debate. Hon member, are you prepared to take a question?

Ms S GWARUBE: I have got a lot to get through. It would not matter if you are in private healthcare or in public healthcare, you would still be fully covered under the DA system. This means under the DA system our people will not be relegated to a second class health system. They will be able to access whatever health facility they want and instantly the system of insiders and outsiders is done away with.

In order to bridge the gap between those who have medical aid and those who do not, the DA would impose a health justice fund. This would be a cross-subsidisation funding model to provide a standard package of healthcare that is of quality. In this way, we would give agency to our people. We would regulate the private healthcare schemes so that people are not exploited and ultimately roll out universal healthcare that will not destroy the economy but that will also be affordable.

Our fight is for the excluded and the victims of a system that has cost millions their lives. It is not against the ANC, it is against you, hon Minister but we are bringing solutions to the table to afford people dignity. We hope that the ANC-led government would finally place the patient at the centre of reforms and legislations coming to this Parliament. If it does not, we would fight this Bill on behalf of those people at home who would be left behind for decades under the ANC leadership. [Applause.]

Dr S S THEMBEKWAYO: Chairperson, the EFF declared 2018 the year of public health. We committed ourselves to visiting all public health institutions across the country, to find out for ourselves the conditions under which public health services are provided.

Minister, we found a public health system in distress, suffering from many years of neglect, incompetence and general lack of strategic leadership from the highest office on the land responsible for healthcare.

Just In the Eastern Cape alone, there were 110 health facilities, clinics and hospitals, which were without electricity. Around the country over 600 health facilities had asbestos ceilings, 570 had asbestos roofs and over 116 had asbestos internal walls, exposing

poor, sick South Africans and medical practitioners to long term damaging health risks.

When we asked, our department told us that the department was short of over 18 000 nurses, 2 250 doctors and 154 dentists. This is over and above the total collapse of oncology services in Kwa-Zulu Natal, and general shortage of other specialists across the country. In addition to this, we have poorly trained hospital CEOs, overworked and underpaid doctors and nurses, hospitals without the necessary medication and machinery.

The general state of public health in this country is in crisis. It is in a pervasive state of disrepair exposing poor South Africans to health risks that could otherwise be prevented. While the majority of the poor, predominantly black and Africans, are largely dependent on the disintegrating public health system, a tiny minority of about 16% of the population is well taken care of in the private health sector.

These people, with medical aids can access the best quality healthcare because they have the money to buy health provision. Forty-four percent of all health care spending is concentrated in the private sector, which serves only 16% of the population. The

remaining 84%, those with the largest share of the burden of disease who need the most care, rely almost entirely on the under-resourced and dysfunctional public sector.

As a result of this, there is a huge public inequality; massive unmet health care need in South Africa and a failure to approach anything near Universal Health Coverage through accessible, equitable and effective health care services. This cannot be allowed to continue, and the country as a whole must go back to the drawing board for a social compact to eliminate these discrepancies.

As a matter of urgency, we need to do the following: Outlaw the dual nature of health provision in the country, where the rich can go to private care, while the poor are subjected to poor conditions in public health system. We must develop one quality healthcare system that provides the best possible healthcare to all our people. This must be done through legislating for universal health coverage, under an overarching National Health Insurance framework, that will ensure each and every South African, regardless of the state of wealth, has access to the best medical care in the country.

The roll out of the NHI will be meaningless, and will only amount to posturing if it is not preceded by a massive investment in public

health infrastructural development, in employment and retraining of medical practitioners, in procuring medicine and machines for all public health facilities. There must be a clinic in every ward in South Africa, and all clinics must open 24 hours a day, with nurses and a doctor in each clinic. Our focus on clinics is informed by the belief that the country must focus on primary health with a commitment to attain universal health coverage, with the intention of decreasing infant mortality rates and increasing the life expectancy of all people in South Africa.

We must regularise and fully integrate Community Healthcare Workers as full employees of the state who will be responsible for provision of quality healthcare in each and every community. We must, as a matter of urgency build 24-hour integrated post-sexual trauma centres in all district hospitals for urgent medical, forensic, psychological and social assistance, directly linked to policing and detective directorates.

The majority of South Africans believes in traditional healing methods and must be integrated to the manner public health services are provided. Consequently, each hospital must be equipped with consulting rooms for traditional and indigenous health

practitioners, traditional healers and traditional herbalists to use for free in all district hospitals.

Establishing at least one health care training facility per province and ensuring that there is no province without a medical school. In addition to these issues Minister, you need to commit yourself that all these clinics and hospitals without electricity will be fully electrified within a year. You must commit that your department identifies young South Africans from Grade 10 who will be supported to study medicine and nursing after completing Grade 12. These students must be supported in every possible way.

Despite the 18 000 shortage of nurses around the country, in Lusikisiki in the Eastern Cape, there is a group of over 300 qualified nurses whose studies were funded by the department but who have been unemployed for the past three years. We must all agree that the past decade under Minister Motsoaledi was a complete waste of time for health provision and we must correct that. As a result EFF rejects this Budget Vote 16. [Interjections.]

Ms M D HLENGWA: House Chairperson, hon Minister and the House at large, our public health system in South Africa is in crisis. There is little to no indication of this sector facing the reform needed.

People do not trust our health sector in South Africa but have no alternative other than to use it.

*IsiZulu:*

Ngqongqoshe, eKwazulu-Natal sithi asibonge ukuthi ukhona uPhila Mtwana laphaya emtholampilo ukuze kuyofika ezinkulisa. Siphinde sibonge ukuthi uNgqongqoshe uzibophezele ukusebenza namakhosi nabo bonke ngoba siyabona nezinga lokusokwa liyanda. Siphinde sibonge sikugcizelele futhi ukuthi uNgqongqoshe awaqinise amaxhamu phakathi kwabalaphi bendabuko nabezenkolo ngoba abalaphi bendabuko bazosebenza ngemithi, odokotela bazosebenza ngokwesiZulu bese kuba khona laba bezenkolo ...

*English:*

... to heal the spiritual parts. The Health Professions Council of South Africa, HPCSA, for instance, has serious allegations against it. The HPCSA allegedly passed racist and stereotypical remarks to qualified foreign-trained doctors, solicited open bribery by telling graduates that “people who pay get attended to”. The HPCSA also favour those who have political connections to jump the queues to write board exams with exam questions are subsequently leaked to those who pay or are politically connected. Quite simply this is unconstitutional. Bribery, racism, patronage and political favours

in any institution will not be tolerated. What is more damning is that the HPCSA is meant to have the highest possible stands of professionalism. In essence, the HPCSA is saying that it does not place the values of our Constitution, professionalism, quality of service and standards at its epicentre of its work.

*IsiZulu:*

Ngqongqoshe, esihlale sikuzwa la yimibiko ethi, noma sihambile saya emitholampilo sima emigqeni emide ekugcineni imithi singayitholi.

Kodwa ngithokozile ngoba uNgqongqoshe uyakwazi lokho, uzokulungisa. Laphayana ezibhedlela nasemitholampilo kuyashoda, Khabazela, abekho abahlengikazi abaqeqeshiwe, abekho abantu, yingakho nje kukhona lenkinga. Esangakhithi nje isibhedlela sibizwa ngesilaha ngoba imithi ayikho nabahlengikazi bayashoda kodwa umnyango uyikhiphile imifundaze abaziphothulile izifundo zabo nabaqashiwe baqashwe ngesivumelwano esikalelwe isikhathi, ake nibenze ukuthi baqashwe ngokugcwele unaphakade ukuze basebenze ngokuzimisela. Ngiyafisa ukuthi uNgqongqoshe akuqikelele lokhu kokuthi umnyango lona usuhlala unamacala ngenxa yabantu abangazinikele emsebenzini. Kunaleli cala nje elise-R K Khan Hospital eThekwini. Okunye okudalwa ngabantu abangaxinikele emsebenzini. Ngakhoke siyacela ukuthi lomnyango ukulandelele lokho. Okunye okungenziwa wukuthi uma umuntu esenze icala angayi kwenye indawo ayomosha kwenye indawo, akahambe ayohlala

ekhaya ngoba manje uma ezobuya ayomosha kwenye indawo kade eshiyile emoshile kwenye, ngeke sikuvume lokho. Okunye, Ngqongqoshe, uma abantu bethatha umhlalaphansi la kwezobuhlengikazi ziyamiswa zingagcwaliswa lezozikhala, kwenziwa yini lokho? Bese sililindela kanjani izinga eliphakeme lomsebenzi wesibhedlela?

*English:*

Furthermore, the IFP calls on the department to place all graduates who hold bursaries with the department before the medium-term budget reports. The department must work together with SA Police Service, SAPS, to ensure that ambulances are fitted with tracking devices and emergency panic buttons. [Time expired.] The IFP supports this Budget Vote so that these issues raised are resolved urgently. [Interjections.]

Mr P A VAN STADEN: Hon Chair, Minister, Deputy Minister, members, guests ...

*Afrikaans:*

Ek rig graag hierdie boodskap aan almal in eerbied, wie die afgelope ruk in hospitale onder vreemde omstandighede, afgesterf het. Mag hulle in vrede rus.

Die VF Plus het die afgelope tyd by verskeie medici verneem dat die Nasionale Gesondheidsversekering, NVG, Suid-Afrika se gesondheidsorg nog verder in die grond in gaan stuur. Die regering tree uiters onverantwoordelik op om te dink dat die NVG-instelling gebruik gaan word om hospitale en klinieke se infrastrukture op te bou en op te knap.

Die regering moet besef dat die NVG nie die tekort van medici gaan omdraai en verander nie, maar tot gevolg gaan hê dat uiters ervare medici, wat nog hier is, Suid-Afrika op groot skaal gaan verlaat. Dan is alle drome aan skerwe en dit gaan Suid-Afrika in ’n groot krisis laat.

Stop eerder korrupsie en begin om belastingbetalers se geld meer verantwoordelik aan te wend.

’n Gebrek aan voldoende verpleërs gaan die uitrol van die NGV onmoontlik maak. Volgens die vakbond, Solidariteit, het 8 535 minder verpleegkundiges sedert 2013 die arbeidsmag betree. Volgens die vakbond het gekwalifiseerde verpleegpersoneel sedert 2013 met 40% afgeneem. Hoekom? Hulle is oorlaai met werkslading; hulle werk te lang ure; hulle werk onder moeilike omstandighede by die werksplek;

daar is ’n gebrek aan ondersteuning en toerusting, en daar is ’n tekort aan geld.

Kom ek vertel vandag vir u wat aan die gang is op grondvlak in ons hospitale in Suid-Afrika. Sekuriteit by hierdie instellings is landswyd so swak dat verpleegsters, dokters, studente en pasiënte aangerand en selfs ook verkrag word, soos wat die afgelope tyd by die hospitaal in Bloemfontein gebeur het. By dieselfde hospitaal, skaars ’n week later, het ’n persoon van die publiek met ’n panga in sy hand opgedaag. Dit kan nie langer toegelaat word nie. Ook by hospitale in ander provinsies word pasiënte, dokters en verpleegsters se lewens weens swak sekuriteit in gevaar gestel.

Ons gesondheidsorg is in totale chaos in die land! Nog drome is aan skerwe. Suid-Afrika se gesondheidstelsel is in ’n enorme krisis. Ons sit met gevalle waar pasiënte in hospitale afsterf onder vreemde omstandighede. ’n Pasiënt word vandag opgeneem met ’n gebreekte been, maar hy mag moontlik nie lewendig uit die hospitaal kom nie.

Dit is die stand van hospitale vandag in die land.

In die tydperk 2010 tot 2015 het die Gauteng se gesondheidsdepartement skikkingsbedrae van nagenoeg R540 miljoen weens nalatigheid betaal. Hierdie afgelope week het dit ook aan die

lig gekom dat die einste provinsie se departement nog ’n verdere R1 miljard se regseise in die gesig staar.

Ons het gesien wat aanleiding gegee het tot die Esidimeni-tragedie, naamlik swak bestuur van die departement en wanadministrasie.

Hierdie tragedie kon vermy gewees het as daar vroegtydig teen korrupte amptenare en LURre opgetree was wat hiervoor verantwoordelik was. In 2010 reeds het die spesiale ondersoekeenheid ’n verslag hieroor uitgereik en oorhandig aan die destydse President, Jacob Zuma. Daar is die verslag. Die VF Plus het die verslag.

The DEPUTY MINISTER OF HEALTH: Hon House Chairperson, my colleague Minister of Health Dr Zweli Mkhize, Ministers and Deputy Ministers present, MEDs present, our chairperson of portfolio committee hon Dr Siboniseni Dhlomo, members of the committee, hon members of this , ladies and gentlemen, the debate on our Budget Vote takes place just six days before we celebrate Mandela Day, which this year marks 101 years since our icon was born. This is also 25 years since President Mandela led our country into a peaceful transition from apartheid to freedom and democracy. Over and above leading us into the establishment of our democratic state based on constitutionalism and establishing the key institutions which anchors the state, President

Mandela led in focussing on access to basic social services to the most vulnerable in society. In his first 100 days in office he introduced, amongst others, the feeding schemes at primary schools, free health services for children under six years and pregnant women. In his lifetime he also established the Nelson Mandela Children's Fund, and thanks to that initiative we today have a long- lasting memorial for him, the Nelson Mandela Children's Hospital.

Another impactful legacy of our icon is the Nelson Mandela–Fidel Castro Medical Training program which De Dlhomo spoke about earlier on, which is based on a co-operation agreement which he signed with President Castro in 1995. As of today, this programme has contributed 731 South African doctors trained in Cuba and also hundreds of doctors of Cuban nationals who are working in our health services mostly in rural areas. Just last Friday on 5 July, seven days ago, we witnessed the graduation of 87 young doctors conducted by the rector of the Medical University of Havana at Walter Sisulu University in Mthatha. The overwhelming majority of these graduates are serving in rural areas. One of the graduates of this program is Dr Lindiwe Sidali. She is the first black African female cardiothoracic surgeon operating at lnkosi Albert Luthuli Hospital in KwaZulu-Natal. She comes from rural Eastern Cape in Idutywa, and like many other families in the rural areas they migrated with their

mineworker father to Wonderkop in the North West near Rustenburg where she grew up and matriculated. If it was not for this programme Dr Lindiwe Sidali would have never a medical doctor not to mention a cardiothoracic surgeon.

We are currently in the process of bringing back 647 students to complete their integration. They will start the programme from 20 July and the last to start will be on 1 August. The two groups of these students have already landed and the second group has just landed yesterday at O R Tambo through an SA Aairways chartered flight from Havana. The last group will land on 15 July

The Cuban trained doctors will add a lot of impetus into the improvement of our health human resources with a major focus in primary health Care. They are going to be our building blocks on capacitating primary health care services in districts.

As we have stated many times nurses are the bedrock on which our health services are built. The process of restructuring nursing education is at an advanced stage. All public nursing colleges have been restructured into one main nursing college per province with subcampuses in the districts with a total of 76 subcampuses in the whole country.

Three national curricula were finalised and used to develop province specific curricula. The new three-year Diploma in Nursing as well as the one-year Advanced Diploma in Midwifery and selected postgraduate diplomas have been prioritised by all colleges. These programmes will be offered in a phased approach commencing with the three-year basic nursing diploma at the beginning of next year, January 2020.

Prioritisation is aligned to the primary health care, re-engineering agenda and also to other national priorities. The Department of Higher Education is in the process of developing regulations for declaring nursing colleges as higher education colleges in terms of The Higher Education Act. These regulations will specify that nursing colleges, while established under the Higher Education Act, Act 101 of 1997, as amended, will operate under the administrative oversight and management of the national Department of Health. In terms of a protocol to be signed by the two directors-general, DGs, this will make possible for transitional mechanisms through which these colleges will be able to operate as of the beginning of next year even when the regulations might not have been concluded. The nine provincial colleges and campuses will commence with the diploma as I have mentioned earlier. Further other campuses will also start with other postgraduate diploma in critical care, trauma and other specialised postgraduate diplomas starting in 2021.

Hon Chairperson, noncommunicable diseases continue to outstrip infectious diseases in our country as illustrated by the report from the Statistics SA. A huge chunk of these deaths are due to cardiovascular diseases, strokes and diabetes. But cancer has also been a rising epidemic. These developments can be attributed to urbanisation, commercial determinants of health, risk behaviour such as tobacco use, harmful use of alcohol, unhealthy diets and lack of physical exercises. The challenge of noncommunicable diseases, NCDs, is also not just local, but global and as a result, in September 2018 a high level meeting of the UN General Assembly was convened by the Secretary-General, and our own President Ramaphosa was one of those who attended and we were also there as the Ministry and department to give support and to attend various parallel sessions and also civil society sessions.

The General Assembly passed a political declaration which amongst others expressed concern at financial and human cost of NCDs especially in developing countries which was estimated at over

$7 trilion US dollars over the next 15 years. The assembly reaffirmed the primary role of governments in responding to the challenge by developing adequate national multisectoral responses.

Our leaders committed to, amongst others, and I quote:

Strengthen our commitment, as heads of state and government, to provide strategic leadership of prevention and control of NCDs by promoting greater policy coherence and co-ordination through whole of government and health in all policies as approaches and engaging stakeholders in an appropriate, co-ordinated, comprehensive and integrated, bold whole of society action and response.

So, our leaders made very bold commitments. They also committed the acceleration of the World Health Organisation Framework Convention on Tobacco Control without interference by tobacco industry. They also committed themselves to do everything to eliminate marketing of alcohol amongst young people. In this country as a department and also with our stakeholders will take some steps to make sure that this declaration can be a reality. Amongst others a draft legislation on tobacco control was published in May last year to advocates a zero-tolerance policy which will inhibit indoor smoking in public places , including removal of smoking areas in restaurants and bars; introduced regulations to restrict various categories of foodstuffs in terms of level salt; tax on sugar has already been implemented; the DTI is leading together with our department in enhancing visible health warning labels on alcoholic beverages and

also reduce the age of where you can purchase alcohol from 18 years to 21. These are some of the majors which we are taking.

As I have mentioned cancer is also becoming an epidemic, not only in our country but also all over the world. We have taken some steps in this regars. We have lanched a national cancer campaign in October 2018 in KwaZulu-Natal, the province of our chairperson; purchasing s number of linear accelerators to support our major hospitals, especially Charlotte Maxeke and Universitas Academic Hospitals in Bloemfontein; and the human papillomavirus, HPV, vaccine has also been rolled out as a form of prevention for cervical cancer. In the area of mental health, which is part of our noncommunicable epidemic, steps have been taken amongst others to secure more psychiatrists to the private sector to support the public health system, especially in the area of forensic where there is a clocking of the system due to the fact that many lawyers when they represents they put mental illness as part of the defence - this is clocking our system. So, we have to procure more psychatrisits to unlock the system.

In the area of malaria our country has prioritised elimination, and not just reduction of by 2023. We want to make sure that by this time we have zero malaria cases. This is a very strong aspiration.

We have made progress in terms of serouis reduction in incidences of malaria over the last 18 years by 73%. The death rate of malaria has come down by a rate of 74%. But we still have challenges. Amongst the challenges is the migration mobility across the countries of people and mosquitoes – mosquitos don’t need passports, they move from one country to another. We have to work with our neighbouring countries and we are doing that with Mozambique, Zimbabwe and eSwatini. Also we want to work with our provinces to make sure that we can do indoor spraying very effectively. There are three in the country which are affected, Limpopo, Mpumalanga and KwaZulu-Natal.

We have worked well with the National Treasury to procure an amount of R90 million to support these provinces. I can see our colleagues, the MECs of Limpopo and KwaZulu-Natal are sitting together. I am sure they are planning how to do the inddor residual spraying.

Just a few comments on some of our entities, we have very effective entities within our department. The SA Medical Research continues to produce excellent scientific outputs through the National Research Foundation, NRF-rated scientists including two of the A-rated NRF scientists in the leadership. I can see both of them in the gallery; the chair of the SA Medical Research Council and the CEO are here.

Thank you very much.

Just to highlight some achievements, discovered new gene called, CDH2, which predisposes young adults and athletes to sudden cardiac arrest - done and identified with other global collaborators; the national TB prevalence survey with fieldworkers already working in the Eastern Cape; and collaborated with the Agricultural Research Council and a company called Afripex which deals in wellness products to produce a substance which is one of the actives ingridients of Rooibos - I hope you all take Rooibos tea. This product will help in managing cholesterol, blood glucose and insulin resistance. Thanks to the SAMRC for this work. It also Established the Centre for the study of antimicrobial resistance. This is becoming another problem in the country and in the world.

The SAMRC has also received R10 million to assist young South Africans scientists who are studying towards PHDs in clinicalhealth research in the National Health Scholars Program from the Public Health Enhancement Fund, which is a collaboration between us and various private sector companies. This scholarship programme has recently been renamed the Bongani Mayosi National Scholarship Programme, in honour of the late Professor Mayosi.

To comment to the hon member from the FF Plus, one of our entities is the councils for medical schemes which regulate medical schemes.

I want to bring to your attention a very relevant point. The medical schemes industry, in the last financial year, paid out a total of R172 billion to beneficiaries. But also had in reserves R62 billion. When you add these two together it means that the medical schemes were managing a budget in terms of paying claims and also reserves of R234 billion. In the same financial year, the total allocated budgets for national health and also provinces was just R242 billion

-a difference of R8 billion. The R234 billion was used to service only 15,5% of the population. That difference of R8 billion accounts for funds which must service the rest of the 48 million South Africans – 85% of the population. The difference between the two budgets is just R8 billion – to service 15% and 85%.

While we must accept that there is a lot, as the Minister has indicated, but there are areas where we can be able to make savings. But the fact of the matter remains that this skewed funding cannot be sustainable; it can’t work. Nowhere in the world can this be sustainable. That’s why the universal health coverage is a key so that there can be equity in the ways funds are utilised for health services. [Time expired.]

Hon Chair, the national Health department is ready to implement the universal health coverage. We are ready for the “Thuma mina” [Send me] and we are ready for “Khawuleza” [Hurry up].

Ms M E SUKERS: Hon Chair the ACDP notes yesterday’s approval of the Nation Health Insurance Bill by Cabinet, which the President in his state of the nation address said, aims to reduce inequality and improve access to public health and private health facilities. We have one common enemy in this room, and that is indifference.

Indifference is to the plight of the poor and the vulnerable. Indifference is at the heart of a man who died outside a Western Cape Provincial Hospital who died after waiting to be treated since the early hours of the morning. Indifference when a nurse cringes to perform basic observations on a patient because of the state of his appearance. Indifference when a young mother inexperienced, scared and overwhelmed after being up all night with a sick infant, is not addressed in her mother tongue but made to feel foolish and unintelligent because the primary care nurse could not be bothered to take the time to listen or to call an interpreter.

We have to ensure that we foster a caring and compassionate health sector as set out in the White Paper on Health. The target set out by the department of 50% satisfaction at primary health care

facilities does not reflect that aim, is sadly far from being realized. This said, we can learn from the example of the health care facilities, where I have experienced, first hand, the commitment to best practice. Their example should be lauded and emulated throughout the nation. Pockets of best practice are being displayed in some facilities. The facility that I visited in Ravensmead I met a wide eyed, young woman, passionate about the health profession, a third generation health professional, and she impressed us with her enthusiasm.

We need to develop a retention strategy for our doctors; pharmacists, nurses and we need to make sure that they are safe. We cannot afford to continue to bleed talented, passionate health professionals. Effective intersectoral collaboration is cited by researches as key to address social determinants. Hon Minister, we as the ACDP are calling on this department together with the Ministries of Social Development and Human Settlements, to address with urgency the need for special housing. We have been urging the government for years to respond adequately to the plight of our most vulnerable people. This includes those suffering from mental illness, trauma or abuse and the elderly. Families are suffering under the weight and trauma of caring for those who are mentally disturbed. Our current facilities are limited and individuals who

can be restored to health deteriorate even further to a lack of treatment and care that includes special needs housing. Mental illness has increased due to drug addiction and the destructive effects of drugs such as Tik and Whoonga. We implore the Minister to support this policy. It that has been waiting for the last twenty years. Care cannot be siloned it must be linked.

Lastly, I wish to quote Florence Nightingale, who said and I quote:

It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.

Our hospitals should not be mortuaries but places of healing. Thus, we appreciate the comments and we appreciate what Dr Dhlomo has said here. South Africans are waiting for this House and for all of us to work together to make their lives better. I thank you. [Applause

Ms H ISMAIL: Good day and all protocols observed. Hon House Chair, when I visited Mama Elsie last week, from Emandleni Informal Settlement in Ekurhuleni, I found her ill and groaning with pain. I asked her if she had been getting any treatment. She told that she had spent the entire day, from before sunrise, at the public healthcare facility. After waiting for more than 8 hours, she

eventually got to see a doctor. Mama sat doubled in pain on uncomfortable benches, with no food and no explanation. She said, the nurses treated her with disdain. When she finally thought she would be helped, she was advised that the medication she needed was out of stock and she would have to come back later.

The thought of trying to find taxi money out of her grant and another day in a long queue made her feel worse. She is just one victim of our collapsed health system. The shameful attitude of the state to the poor and vulnerable is, if you get sick, die quickly. Shocking, absolutely shocking! Health care is a constitutional right but this department cannot even get the bare basics right. No Ubuntu and Batho Pele Principles applied. Unprofessional and uncaring attitude to patients, patients have no sense of recourse as members on the board are political cadres.

I then met Sis Jabu, pregnant and in labour. She rushed to her clinic for assistance. Because of poor facilities, she was told to go by ambulance to the hospital. So she called one. With her water broken and in the final throes of labour, no ambulance arrived. Baby Siyabonga was born outside the clinic. The ambulance arrived three hours later. Thankfully there were no complications otherwise we could have lost two lives.

The Emergency Medical Services, EMS, in our health system are dysfunctional. Yet the department increased the budget for emergency services by only 4,7% from 2018/19 to the current 2019 /20 budget.

Primary Health Care received the smallest budget allocation of R221,8 million, which is less than 1% of the departments budget. The bulk of the budgets are transferred to provinces, but this is exactly where these horror stories stem from. Minister, what are you going to do about it? One such example is the Tambo Memorial Hospital in Boksburg in Ekurhuleni. We hear about plans and more plans but no implementation on the ground for 25 years.

Chairperson, the ANC-led government is putting the cart before the horse. They want to drive through a problematic piece of legislation in the name of achieving universal healthcare. In reality, without the investment in primary healthcare, we will never improve the lives of our people. Billions have been spent on National Health Insurance, NHI, but what exactly can this department show for it?

Visits to clinics and hospitals show very little. It is time to stop the talk and begin to deliver. Everyday lives are lost Billions have been ploughed into nothing, at the cost of the poor and sick. We want universal healthcare for our people, but we do not want a piece of legislation that will destroy the health system as we know it. I thank you. [Applause].

Ms A GELA: Hon Chair, Minister and Deputy Minister of Health, Chairperson of the Portfolio Committee on Health, stakeholders of the Department of Health, ladies and gentlemen. The ANC rises in support of Budget Vote 16 on Health. The ANC policy has always been biased to the working class and has placed the marginalised and the poor at its centre. The 52nd National Conference resolved that the health should be one of the two key priorities of government and planned this second phase of transition to be characterised by decisive action to effect economic transformation and democratic consolidation, critical both to improve quality of health life of all South Africans and to promote nation building and social cohesion.

As such, government has maintained the balance between the numbers of policy’s interest based on priority and urgency, by ensuring that the National Department of Health receives one of the largest shares in the budget allocation, so that we can address all the challenges that we are faced with as the Department of Health. Preventing and treating communicable and non-communicable diseases, one round, one condom. No condom, no sex. We must try to practise a healthy lifestyle as human beings in combating HIV which remains a priority of the ANC-led government. The department is committed to 1990 target of the joint United Nations programme on HIV and Aids.

In this regard, the HIV and Aids component will receive the bulk of grant allocation in order to continue the implementation of universal test and treat policy for ARV treatment.

*IsiXhosa*:

Siyaqhuba noko bahlali baseMzantsi Afrika, singathetha sitsho ukuba abanamehlo bayabona. Abanendlebe bayeva. I-ANC yenze umsebenzi omkhulu kuluntu lwaseMzantsi Afrika. Namhlanje abantu bayakwazi ukufumana amachiza, iipilisi, umntu ufumana ipilisi ibenye atsho aphile.

*English*:

We want to lead a healthy society as a country. The ANC-led government has made substantial progress on its policy responses epidemic and implements various inter-related interventions to mitigate and to stop the spread of HIV. Some of these interventions include but not limited to: Firstly, National Strategic Plan for HIV, TB and STIs 2017/2022 which serves as an sexuality education, young women and girls programme sponsored by the global fund Zazi Development Plan Vision 2030, NDP, South Africa is investing significantly on various interventions in the are of public health care. Some of the essential interventions to improve primary health care in South Africa include: Rollout of the Male Medical

Circumcision programme, MMC, which is an aggressive rollout intended on reducing the number of men who are living with HIV.

It is seconded that scaling up MMC should have significant health benefits not only for the men but also for the women in South Africa. The Fix Dose Combination, FDC, ARV pill: The recent introduction of the FDC ARV pill is the one that is the greatest success in the ANC-led government and has made the following outbreak of HIV and Aids epidemic: The FDC ARV pill is a once daily pill as I have indicated that...

*IsiXhosa*:

... awusathathi la nto ininzi ngoku. Uthatha nje ipilisi ibenye uphile.

*English*:

The dosage makes it easier for those living with the virus. The pill is hassle free as it improves and enhances portability. The implementation of MomConnect, aims in strengthening health services and reducing maternally and child mortality. TB has been identified as the leading underlying cause of deaths in South Africa. I would like to implore Members of this August to heed to the call and be

part of global action known as Global TB Caucus which was first established in October 2017. Malibongwe, we support the budget.

Mr A M SHAIK EMAM: Hon House Chair, Minister, Deputy Minister, our colleagues in the House, our guests in the gallery, allow me Minister to congratulate you and your team on your appointments. In the state of the nation address debate the President spoke about a dream, and yes indeed, 57 million people in South Africa have been dreaming and they have been dreaming for a better equal health care in South Africa, and despite 25 years into democracy, many of our people continue to be deprived of that right of equal health care in South Africa. Some are privileged and others are not and as if, if you are poor or underprivileged, your life has no value or if you have or you are privileged, then your life is valued more, that is what the impression is. But also there seem to be the perception out here that private health care in South Africa is excellent service, but I beg to differ on this.

Time and time again I get complaints and concerns from the general public that private health care facility and how poor the service is. So, there are challenges both in the private sector and in the public sector. One of the challenges we as the NFP has identified is that in the appointment of the MECs, CEOs, director-generals and

deputy director-generals, particularly at provincial and local level, those at national level like Ministers I think have very little or nothing to do with it, but it is the national department that has to account for it.

One ideal example is what I have heard from the former MECs from the Western Cape, she said how well they perform in the Western Cape and how well they are going to provide the services but I can tell you that if she goes on a tour with me for just one day, I will show her what the conditions of health care is in the Western Cape. [Interjections.]

Minister, it clearly shows that if you don’t have a role to play in appointing these MECs this is what you get, hey don’t know what’s happening in their own areas, but they are going to come out and tell you how brilliant a job they are going to do. Let me tell you, let us be honest, the challenges that we face exist countrywide, there is no doubt about it. We have challenges countrywide, but those were some of the reasons why we face what we face. One of the concerns that we have is that the 15-24 age group, HIV new infection are still at about 12 000 per week, which is extremely high. We believe that antiretrovirals, ARVs, 11:42:42is the temporary solution, it is not the ultimate solution.

The preventative measure should be rather considered more important because we can’t be continuously rolling out ARVs, we need to see what is going ... I know I have a different idea why there is HIV and where it came from ... to some of my other colleagues. That is my view, I personally believe it is manmade, that is why we are where we are today. I honestly don’t believe that is has anything to do with ... [Inaudible.] [laughter.] ... that is clearly my ... [Inaudible.]

I think there need to be greater oversight not only by the committee but by the department because what we find time and time again, we have gone on oversight as the Portfolio Committee on Health. I mean, why is it that there need to be a stop out and the only time you find out about it it’s in the media. [Time expired.] ... anyway, the NFP fully supports the vote.

Mr M G E HENDRICKS: Hon House Chairperson, my son Ishmael is in the audience, he has mentored UCT students to develop Apps for the Bill and he is doing his PhD on the National Health Insurance, NHI and I hope that the Minister - Minister Naledi, will follow and also do a doctorate degree. Hon Minister, you promised to jump in to get the National Health Insurance Bill approved, but you must take a giant leap to establish a state-owned pharmaceutical industry and factory

to reduce costs. This will be the two most revolutionary steps the country will have taken since the dawn of our democracy.

I agree with the fighters, the infrastructure must be fixed, health facilities must be within walking distance of as many people in South Africa as possible. Icasa must give the Health department their own 5G spectrum, so your department can take lead to show South Africa is ready for the Fourth Industrial Revolution and be the first citizens of the cyber civilisation. *Al Jama*-ah supports the budget. Jump and leap, hon Minister, thank you to Cabinet for approving the Bill, South Africa is shame by being named as the most unequal country in the world. The NHI will be the silver bullet and the first step on the way to equality, which many in this House fought for. Cabinet approved the National Health Insurance Bill on the eve of Mandela Day. They have jumped the gun, now it is up to you hon Minister to fire the silver bullet. As far as Al Jama-ah is concerned, the Bill is now an Act. We have to fight for expropriation of land without compensation and the National Health Insurance Bill voted for by the people must be the first steps to bring about equality in South Africa.

Taxpayers money to save lives is money well spend. Hon Minister, get the Bill passed, no matter the cost. We can recover from starving

but the poor cannot recover if they are dead. Equal universal health care must be the top priority in the land but we need all political parties to work together, not to talk about equality but implement it in the health care field. This is a unique opportunity to put politics aside and get to do real work for the country. [Interjections.]

Mrs E R WILSON: House Chair, through you to the Minister, all we have heard today is empty rhetoric and your own back slapping about the few things you have got right, a few more bells and whistles you can throw yourself a party, but over R200 billion has already been spent on NHI, but the state of health in South Africa is nothing to celebrate - nothing! No one who relies on the public health system is celebrating. You know this, and we know this.

This last week has highlighted just a few of the horrors patients in the public health services have had to endure. Elderly citizens tied to chairs, elderly citizens found with maggots in their mouths, and a pregnant woman in labour being turned away because “her womb was cleaning itself”. None of them were in the Western Cape. KwaZulu- Natal has an ongoing oncology crisis – by the way, thank you chairperson of the portfolio committee for the oncology crisis. In Limpopo, the time between diagnosis of cancer and oncology treatment

is 12 months. This is yet another death sentence, like those in the Life Esidemi, but billions have been spent on NHI.

Provinces that are allocated the bulk of the health budget play a crucial role in the delivery of primary health care. But astonishingly, the primary health budget has the smallest budget. There is a chronic shortage of critical medicines, equipment, consumables and health professionals. Despite this, the provinces like Gauteng for example underspent their budgets for critical equipment by R504 million. This is mind-blowing.

The lawyers who represent the Gauteng Health department in medico claims, have all withdrawn their services due to nonpayment.

Provinces and the national department now face R80 billion in medical malpractice claims - R80 billion! This is not budgeted for, but it is just recorded as a contingent liability. If just half of the claimants win their cases, provinces and the departments have to find R40 billion out of their budgets. There goes your NHI, your infrastructure and building budget, your Human Resources performance bonuses and critical equipment budgets. Already departmental and provincial accruals in 2016-17 financial year were R13,8 billion and the situation is not improving.

Minister, simply put, you are robbing Peter to pay Paul, and as always it will catch up with you. You start in the red before day one of the next financial year. We all know that the billions spent on NHI have done little or nothing to prepare for a Universal Health Care System. In fact, in most instances, monies have been diverted from doctors, infrastructure and equipment to pay accounts. The state of health has gone backwards, since we started.

Yesterday, Cabinet approved the disastrous NHI, and we are still waiting to see concrete plans and budgets. We are just talking and talking and talking. By the way, hon Shaik Emam, the MEC of the Western Cape is not here, but the person behind hundreds of cancer deaths in KwaZulu-Natal is here. Minister, we always talk about best practice, so go where there is best practice in South Africa and even you cannot deny it.

The DA-governed Western Cape is the leading province in terms of health service delivery. [Interjections.]. You cannot deny; it is clear. We are yet to be in a position where we understand how your plans and what you have yet to present to us and what the total budget of this plan is. Are we not going to begin where we should, at grassroots level and improve the basics in primary health care before we spend another R200 billion that has gone to waste and

nothing to show for it. The Western Cape has done it; we have done it right and we have done it without the NHI. Please sir ... [Time expired.] I thank you.

Mr T B MUNYAI: House Chairperson (hon Frolick), Minister, Deputy Minister respectively, hon members, guests and fellow people of South Africa as whole, good morning. As members of Parliament

of the Republic of South Africa, we are delighted and we welcome the cabinet approval on National Health Insurance, NHI, Bill, which will be tabled here at this august house as practical and urgent as possible. Now that we have been little bit attacked, I thinks it’s important that we go out and address those issues. Accordingly, we believe that that the department will develop a systemic improvement programme within the national framework of annual performance plan. We have absolutely no doubt that the department need to strengthen, the systems and processes environment that will help to sustain improvement and quality of service.

His Excellency, The President Xi Jinping of the People’s Republic China said: “The growing gap between the rich and the poor is both unfair and sustainable...”. he goes on to say “...the development is meaningful only when its inclusive and sustainable“ I will talk to

it later on the context of NHI. I think what we have seen from the left, from the DA, it’s important that we reflect what Maxim Gorky says “Truth doesn’t heal the wounded soul” the DA is heavily wounded, and it doesn’t matter what progress the peoples glorious movement the ANC led-government can do, they will continue to be forces opposed to progressive change and development towards national democratic society.

It is within this context that the ideas or ideologies, flawed right wing ideology that seeks to advance subjective factors rather than the objective reality. I know they have mastered now, the left views of Lenin “A lie often told enough becomes the truth“ The use the media for fourth estate herein referred as the media, unelected media to confuse society and project the ANC and its members as corrupt. This is untrue. Where this confusion does rises from? Right wing ideology neoliberal agenda subjective of reality.

For the past 25 years it remains a fact that the ANC led-government has been building clinics and hospital, going forward we are much concerned about the building the quality of health care [applause], to this end we expect our hon Minister to come up with scientific mega or bold infrastructure expansion proposal; how to build a new smart hospitals and clinics to accommodate NHI services, this will

be aligned with the population growth which will be fundamental necessity consistent with our 2030 vision.

More South Africans are living longer, the average life expectancy increasing to 64 years in 2018 from a low of 53 years in 2005.

Progress in life expectancy reflects improvements in the quality and availability of health care, our massive campaign to turn the tide against HIV and Aids and our efforts to meet basic needs like access to clean water, electricity and adequate housing.

More than 4,5 million South Africans living with human immunodeficiency virus, HIV and Acquired immunodeficiency syndrome, AIDS, receive antiretroviral treatment, up from 2,4 million in 2014, making it the biggest antiretroviral treatment programme in the world. We have made dramatic progress in the prevention of mother- to-child transmission of HIV. In 2004, over 70,000 of babies born to HIV positive mothers became infected. By 2018 this figure had plummeted to 4,500, saving tens of thousands of new born babies per year. New HIV infections have decreased but our collective fight continues for an AIDS—free generation.

In 2009, there were 69,000 Tuberculosis, TB, related deaths, and by 2016 these had dropped to 29,000. Access to free primary health care

has been expanded from pregnant women and children less than six years of age in 1994 to free primary health care for all today. Despite all the achievements, the struggle for good quality health for all will continue.

President and Minister collectively demonstrated leadership on the NHI which demonstrate political commitment to this bold 54th National Conference of the ANC decision As President Cyril Ramaphosa said:

NHI is fundamentally about social justice. NHI will ensure that all our people, whether you are black or white, rich or poor, you will be able to access a comprehensive range of health care services.

This one - we agree! Today we spend -as a country, not as government- over 8% of the gross domestic product on health care — this spend is far higher than many countries of our economic size and more in line with advanced economies. According to many studies, this is more than enough to provide everyone to good health care.

Going forward despite high spending as a country and despite progress made, many of health outcomes remain stubbornly

disappointing. We know that despite such huge health care resources, the country has, good health care is not for everyone — they are many who do not get good health care when they need it. We must respond to this important question –As to why? As the ANC led- government the root courses of problem can be found in our two- tiered health system we inherited from the apartheid era, which reproduces the systematic inequalities in access and good quality care. It is a system made of huge medical aid funded and highly resourced private health care herein referred as “the first tier”, designed primarily for the rich elite and the publicly under-funded public health care for the poor majority for our people, as referred in as a “the second tier”.

Despite 25 years of major interventions to transform our health system and many achievements recorded — the two-tiered unequal system remains stubbornly high. We in the ANC have declared that the answer to our two tiered health care system is not an incremental, market forces driven solutions as suggested by the DA in the left, to problems of health coverage and quality health care. All DA what seeks to do is to main the central role of private health insurance in our national health system, thereby reproducing the inequalities, which is not sustainable in health care and this will be rejected by out Sixth Parliament.

What needs to be done to change the two tiered health system itself. Only the ANC have solution to all our people. To this end we have proposed a publicly financed national health insurance programme that would fully cover health care for all South Africans. NHI is therefore universal, comprehensive, and affordable and will be provide free health care at the point of use. We will eliminate the need for two tiered health care system dominated by private health insurance and we will be putting forward progressive a single, unified national health system. As the NHI White Paper notes:

NHI represents a substantial policy shift that will necessitate massive reorganisation of the current health care system, to address structural changes that exist in both the public and private sectors. It reflects the kind of society we wish to live in, one based on the values of justice, fairness and social solidarity. Implementation of NHI is consistent with the global vision that health care should be a social investment.

The White Paper also notes that:

The implementation of NHI is underpinned by vision 2030 of the National Development Plan, which envisions that by 2030, everyone must have access to an equal standard of care, regardless of their

income, and that a common fund should enable equitable access to health care, regardless of what people can afford or how frequently they need to use a service.

As the ANC, we have a clear electoral mandate to ensure that we do achieve this by end 2025-26. This is our target year, in which NHI fund will be fully functional, with access to all revenue collections; covering majority or entire population; with purchasing capacity to pay accredited health providers who meet quality standards. Therefore, one of the immediate priorities of the Sixth Parliament is to ensure the tabling of the NHI Bill that will set foundation for the roll-out of the NHI implementation.

It is part and parcel of NHI implementation to ensure that we strengthen the provision of health services, particularly in the public sector, with strong emphasis on primary health care. This could entail the building of the primary health care network, that includes school health services, and radical improvements in the performance and quality services of primary health facilities. NHI implementation will require adequate planning for that production and distribution of human resources for health, including absorption of tens of thousands of community health workers, who the Minister talked about earlier, who are paid above national minimum wage. We

also need to strengthen nursing colleges and medical schools – this the Deputy Minister has talked about-while building on the successful partnership on medical training programme with Fidel Castro- Dr Nelson Mandela Programme — Cuba a country renowned for its best health care system in the world.

The cost of medicines and drugs has been major concern of ANC-led government and we played an important role in reducing the cost of some of the essential drugs and will continue to do so. However, as part of our efforts we need to build domestic capacity to produce our own medicines by similars and medical equipment through creation of state-owned pharmaceutical enterprise, this is in consistent with our own both 53rd and 54th National Conference, within the Department of Health, we need to have capacity to meet the needs of our national health system.

This intervention must be understood within the context of our drive to industrialisation through localisation and leveraging the political economy of health care through its huge public procurement spend. Health is global business, international relations and political economy related international trade.

South Africa must reject- and I think it’s important we indicate that Prof Woods from Oxford University analysis and accept that there is a global economic shift (in the globe), that the shift is the developing nations, so therefore the developing nations led by China have the capacity to acquire strategic asset which can benefit developing nations as a whole. It is important that we must reject unilateralism of Trump and remain solid and unshakable on the multilateral system. We must make sure that World Health Organisation must be able to spend of most of its capacity and work within the developing nations.

The country is not an importer not exporter that is linked to hard currency serious dollar in Europe. I mean of this era of drugs and medicine. So it is the currency volatility which will continue to affect the pricing and import of drugs, because they shift in large volume, the additional cost of logistic and warehousing, will definitely impact on the higher cost of procurement on medicine which will be borne by the patients.

It is within this context that the 53rd and 4th Conference Resolution, I repeat again, resolved on the establishment of the establishment of the pharmaceutical state-owned company, we can no longer postpone this issue Minister. The health care sector is not

blind to digital revolution. Especially on artificial intelligence, could unleash huge potential in digital health care technologies.

Ensuring enhanced access for good quality care, especially our people in rural, remote area and part of our country. We therefore a looking forward to the contributions of the Department of Health to invest in digital health care services, including smart health facility, within the context of NHI implementation.

Consistent with the Department of Health annual performance plan on the strategic approach on National Strategic Framework 2014-19:

The era of digitalisation technology will be extensively used to leapfrog health system to implement NHI policy. In taking forward this decision our portfolio committee also resolve that the ministry need to have inter-ministerial engagement within Department of Communication and Digitalisation to secure telecommunication spectrum dedicated for e-governance with the key focus on healthcare technology to reduce the cost of services.

We are very clear that the spectrum would also be utilised to make sure that artificial intelligence or technology would be able to provide surveillance and face recognition technology, scan platform that would be able to ensure that safe and secure hospitals and

clinics and combat theft of medical drugs such as Antiretrovirals, ARVs. The health workers are also given [Interjection] [Inaudible]

... we support the Budget.

The MINISTER OF HEALTH: House Chairperson, thanks to all the members for all the comments, suggestions and inputs. I just want to finish off by also indicating that the full package of services that we will be looking at is contained in the speech and will be sent through. But I want to thank all the stakeholders who are here, in particular I want to congratulate the Medical Research Council on the 50th Anniversary of Excellence. I also believe that with their celebration this year it is important for us to celebrate the hard work, excellence and professionalism of all the public servants in our system, who are dedicating their lives in making sure that we get the best services.

So, I want to salute all those public servants who work in our system, in particular I also want to congratulate, as the Deputy Minister, Dr Lindiwe Sidali who is the first cardiothoracic surgeon and Prof Mashudu Tshifularo, again on being the first to do world transplant middle-ear bone on 3D technology. [Applause.] In thanking everyone, I also want to thank the President for his leadership, the Deputy President for his [Inaudible 12:08:35] leadership,

colleagues, Ministers and the department’s Deputy Minister for all the work that they have done to help us with the speech. It is time now for us to implement. It is time for Khawuleza [Hurry.].

Therefore, we are ready to go to battle.

The NHI Bill is out from Cabinet. It will be processed by this House and we will continue to support. We are doing the briefing to the media just to give them a sense because there is a lot of interest. There are issues that they have raised and amongst them is that we agree that there is a need for strong consequence management. I just want to say to hon Dlomo, I agree with you hon member. Most countries which have done NHI have done so when their economy was lowest. Japan and UK did the same. We were there with them and they actually explained that you can’t be more wealthy to implement NHI; just go ahead.

I also think and I am sorry, hon Gwarube, that you decided to distort the issue. In the first instance, I did say the pilot report is not out. But I specifically said it does not matter what the weaknesses it will show. We will have to solve them anyway. So, that is the attitude. We will solve whatever attitude comes. It doesn’t matter what they are, we will solve them.

I see that the DA’s spin doctors were busy playing around. I think you are also trying to polish your marbles. The issues of the DA - already you are now no longer opposed to the removal of tax benefits from medical aid. Wow, that is interesting! Then, for years you have been opposing the regulation of medical aids. Welcome to the club or should we say ...

*IsiZulu:*

Molo Fish, uphume nini ethinini?

*English:*

The hon Thembekwayo, well you support the NHI but somewhere down the line you don’t like the budget. Let’s work with the support; I don’t mind the rest. The hon Hlengwa, your issues – the president of the Health Professions Council of SA, HPCSA is here. This is a body of professionals with high integrity. So, just bring us the report. All the things you report are not about the HPCSA. If there are individuals who are misbehaving, we will investigate them and deal with them.

Therefore, the other issues that have been raised here – don’t try and dissociate yourself from the health system as witnessed here. I looked at the TB figures. Western Cape is just as bad as the whole

of South Africa. So, we take responsibility for the weakness in your system. We take responsibility. If you have delusions of dissociation, that’s your problem. We are going to work on this system and fix it. It doesn’t matter which side.

The other member said we spent R200 billion on NHI. Sorry, get your figures right. That is wrong. The other issue of R80 billion on medicolegal – those are projections. We haven’t spent that money.

But some of you, if you are fit to criticise the ANC, do it on facts so that we can deal with the issues properly. We are going forward to fix the health system.

*IsiZulu:*

Siyafisa ukwazisa abantu emakhaya ukuthi sifisa kunciphe imigqa emide ezibhedlela, kutholakale imithi, kuthakale odokotela nabahlengikazi abaningi kanjalo nonompilo abanele. Iyona ke le National Health Insurance, NHI, esifuna ibe khona, futhi yenzeke. Konke lokhu okunye okubandakanya ukulungiswa kwezibhedlela kuzilungiswe, konke sizokusebenza, sikwenze kanyekanye, kodwa akuzuthi ngoba izinto zingahambi kahle bese sithi konakele konke, ngakho ke asizokwenza lutho, thina sikhethe ukuba sisebenze nabantu silungise isimo sempilo, sibe yilento abayifunayo. Ngaleyondlela sithi phambili nge NHI, siyaqhubeka

*English:*

Thank you. [Applause.]

The HOUSE CHAIRPERSON (Mr C T Frolick): Order! I just have the following announcement to make. The hon Minister is inviting hon members and guests to a Cogta reception at the Good Hope restaurant immediately after the sitting.

Debate concluded.

The mini-plenary session rose at 12:12.