**UNREVISED HANSARD**

**MINI PLENARY - NATIONAL ASSEMBLY TUESDAY, 9 MAY 2023**

**VOTE NO 18 – HEALTH**

***PROCEEDINGS OF MINIPLENARY SESSION – NATIONAL ASSEMBLY CHAMBER***

Members of the mini-plenary session met at Good Hope Chamber at 10:00.

House Chairperson Ms M G Boroto took the Chair and requested members to observe a moment of silence for prayer or meditation.

**APPROPRIATION BILL**

Debate on Vote No 18 – Health:

The MINISTER OF HEALTH: Hon Chairperson, greetings this morning to my colleague, Deputy Minister Dr Dhlomo, my colleagues, Ministers, Deputy Ministers present, colleagues, MECs from various provinces thank you very much for joining us today’s in this Budget Vote, chairperson of the Portfolio Committee on Health Dr Jacobs, members of the portfolio

committee who are present, all hon members of the National Assembly, ladies and gentlemen, let me thank the Speaker for this opportunity for us to present Budget Vote 18 for Health 2023-24. Our Budget Vote takes place just five days after the Director-General, DG, of the World Health Organisation Dr Tedros Ghebreyesus announced that the International Health Regulations Emergency Committee in its meeting of 4 May 2023, had come to a determination that COVID-19 no longer constitute a public health emergency of international concern. This was determined on the basis of declining infection rates, hospital admissions and deaths. The World Health Organisation, WHO, had declared COVID-19 a public health emergency of international concern on 30 January 2020 and subsequently declared it as a pandemic on 11 March 2020.

The lifting of the public health emergency of international concern status of COVID-9 brings us closer to the end of the most devastating global health emergency in over a century since the Spanish flu of 1918. What this means is not that the virus and the disease are over, but just that it has become more endemic. It is still a high risk for vulnerable individuals especially those of advanced age and with comorbidities. It is therefore still advisable that those of

us in these categories including those who are also immunocompromised should get our boosters every six months on average.

I want to take this opportunity to thank all those who played a major role in saving lives at the peak of the pandemic. We thank our health workers who stayed the course even at the times when everybody else was staying at home. We thank our scientists, researchers and those who availed themselves to serve on various ministerial advisory committees. I also want to take this opportunity to thank our business, labour, civil society, religious leaders and traditional leaders who helped to stabilise society and promote vaccination. Who can forget that at the peak of this when we had all the lock downs big churches, like the one in my own province, the Zion Christian Church, ZCC, stopped all its congregations including during Easters.

Lastly, I also want to thank our leader and the President, President Ramaphosa, for leading a whole of government and also the whole society response not only in the country, but also in the continent and the world. Our task now is to join forces with other players in the world in getting ready for

future pandemics because we have been forewarned that this is not the last pandemic.

Hon Chair our Budget Vote takes place at a time when our country’s economy is not performing well following the COVID-

19 pandemic and now load shedding. The financing of public health is seriously negatively affected by this situation. The 2023-24 budget allocation for our department shows a decline of R4,4 billion from R64,4 billion in 2022-23, to

R60,1 billion in 2023-24. Even though the R4,4 billion decline can be attributed to discontinuation of conditional grants which were allocated for the fight against COVID-19 including vaccination, the fact of the matter is that there is not even inflation adjustments and there are also reductions in some of the key programmes.

The National Treasury itself acknowledges that the health sector is underfunded at the conservative estimate of around of R11 billion. But we believe primitively due to many years of budget cuts that the underfunding is much higher. Transfers to provinces amount to 89, 2% of our budget and in the current budget the transfers and subsidies to provinces account to R56,2 billion out of the R60,1 billion. An amount of

R10 million per year over the next two years will go to the no fault compensation scheme to cover adverse events after the COVID-19vaccination. Notwithstanding all these challenges we have made significant progress on various fronts.

Over the last 10 years there has been significant increase in the training of medical doctors by our medical schools and also added to this were graduates from Cuba. As a result, the number of medical interns increased from 1 500 in 2015 to

2 625 in 2022, while medical community service, comserve, doctors increased over the same period from 1 322 to 2 369. The problem is that on many occasions our provinces have not been able to absorb them in posts due to financial constraints. We are working with the SA Medical Association Trade Union to make sure that doctors who want to work in the public sector are assisted to get posts. Over the Medium-Term Expenditure Framework R7,8 billion has been allocated to support provinces for the absorption of inters and community service doctors. A further R8,7 billion within the Medium-Term Expenditure Framework in the human resources, HR, grant is allocated for specialists training.

Nursing colleges in all provinces are implementing the new curriculum. The SA Nursing Council and the Council on Higher Education are finalising agreement on the articulation of previous diplomas into higher education curriculum so that they can qualify for postgraduate studies. A human resources plan has been finalised and is being regularly reviewed and costed. The challenge being the continued reduction in funding. Currently, we are concerned that the 2023 salary agreement is expected to be funded from savings meaning that we expect that there should be a reduction in headcounts where we are already indicating that we need to employ more especially on the frontline of health services.

On infrastructure our exit out of COVID-19 as a health emergency and pandemic enables us to focus on improvement of services from primary health care up to the specialised care. A key ingredient for that is suitable infrastructure. It is common course that many of our facilities need attention for maintenance, refurbishment, upgrades or replacements, but we also know that we need new infrastructure. To support provinces in this regard we have been allocated R7,2 billion per year over the next three years for direct transfer to provinces based on approved plans. Also, under national health

insurance, NHI, grants we have been able to support provinces with a budget of R1,4 billion which is implemented as an indirect grant managed by the national department on agreed projects in provinces which cover from primary health care to tertiary level.

The implementation of the Limpopo Academic Hospital, which will start later this month where all procurements have been done, a contractor appointed and a site handed over, there will be work on the ground and it will start before the end of May. It also falls under this allocation. Also in Limpopo the Siloam Hospital is already over 10 months under construction. In the Eastern Cape Zithulele and Bambisana hospitals are also under construction, and in the Free State is Dihlabeng Hospital. A number of community health centres and clinics are also being funded either under the direct grant or the indirect grant to be able to upgrade their facilities. Still in Limpopo, over the next few months we will finalise plans and allocation for Tshildzini Hospital and also Elim Hospital. Let me say upfront, hon Chair and members, that the funding of the Limpopo projects is not because it is my province and is not because the MEC is here. It is just that it is one of the provinces which has suffered over man years of underfunding

and underinvestment. We are focusing on all provinces which have been disadvantaged over many years.

Our infrastructure team has been instructed to look at ways in which we can reduce the delivery timelines and also reduce costs of implementation without compromising quality. We are also looking at alternative methods of funding to increase pace and scale of infrastructure delivery. Acquisition and maintenance of equipment is also under the spotlight where we are also looking at faster turnaround times and reliable maintenance plans for our health infrastructure.

Hon Chairperson and members, primary health care is at the centre of improving access to and quality of health services. The drive towards making all our primary health care facilities attaining ideal clinic status was in a way derailed by the pandemic, but it is now gaining momentum. In the 2023-

24 financial year we expect 200 more clinics to attain ideal status bringing the number to just over 2 400 and we want to increase the pace in outer years so that the over 3 000 clinics can become ideal.

To improve patient records management, the health patient registration system, HPRS, has been rolled out in 3 211 public health facilities out of which 267 are community health centres, 2 870 are clinics and 74 are hospitals. Building on the learnings from the development and roll-out of the electronic vaccination data system, we will this year introduce the first module of the electronics health records focussing on HIV and TB. Our team is working with all provinces to make sure that the information and communications technology, ICT, support is given including connectivity in the remaining clinics which are not yet connected.

Emergency medical services is an important component of the primary health care and therefore we are assessing all provinces for compliance with the medical emergency service regulations. One of the issues which we have to sort out with colleagues in the National Treasury is the transversal contracts for acquisition and maintenance of vehicles which also affects our ambulances resulting in them taking long time, firstly, for purchasing and also when they get repaired. The process takes too long. Many of the ambulances take long in the workshops.

We are currently having just under 50 000 community health workers in service and we are aware that we need to increase and add more community health workers. Our HR team is working through Public Service Co-Ordinating Bargaining Council to find a lasting solution for long-term or permanent engagement of community health workers. Hospital services are key to the improvement of quality of health services because that is where we end up when prevention and early treatment has not succeeded and therefore hen we are at our most vulnerable state. It is therefore not surprising that when something goes wrong in hospitals it drives a lot of anger and emotions.

Over and above infrastructure, equipment and staffing, there are other factors which determines the quality of care at hospitals such as performance in areas such as record management, management of linen and medical consumables. Of course it has happens in some of hospitals such as in Gauteng province recently. Even the provision of food can also be compromised in terms of quality.

Overall central to the efficiency of our hospitals management is competent managers with the support of provincial officials. We should be able to revive the Albertina

Sisulu Executive Leadership Programme training programme which played a major role in improving the quality of our managers. Properly managed referral systems are also important in terms of making sure that we can have efficiency.

The tertiary services grant which in this financial year 2023- 24, is R14 billion and is used as a subsidy for highly specialised medical services which are provided in 31 tertiary and central hospitals, mostly in urban areas. They are assisted for referral services from district and regional hospitals. The grant is also used to build capacity to reduce long distance referrals such as in oncology and in this regard we are assisting Mpumalanga and Limpopo provinces to build their oncology capacity so that they should not be referring all their patients to Gauteng.

Hon Chairperson, we have made significant strides on our fight against HIV and Aids, TB and sexually transmitted diseases, STIs, but COVID-19 again in this area caused some significant reversals in some of our gains. We have not been able to attain the 90-90-90 targets which was agreed upon by all countries under the auspices of UNAIDS. The current global target for 2025 is 95-95-95 and in our country we are

currently at 94-76-92 which indicates that our biggest shortfall is in the middle of 90 which ia that of getting all those who are positive to make sure that they are on treatment. All provinces have reached the first 90, in other words, 90% of the population knows their status. It is only six districts in our country have reached the middle of 90, that one of putting 90% of those positive on treatment. Four of these districts are in KwaZulu-Natal, one in the Free State and one in Mpumalanga. We have developed an acceleration plan which identified 100 facilities in 17 districts in all nine provinces with high burden of HIV and Aids. By focussing on these areas we hope to reach 95-95-95 by 2025 and also the elimination of HIV and Aids as a public health threat by 2030 as it is in our National Development Plan and also the target of the UNAIDS.

A major challenge for our country remains in new infection of young people especially adolescent girls and young women.

Through our Youth Prevention Strategy which was launched by the Deputy Minister Dhlomo during the course of last year termed ...

*IsiZulu*:

Zikhala Kanjani, ...

*English*:

... we hope to reduce HIV and STIs for the 15-24 years age by 40% by 2025. To increase efficacy and viral suppression we have also introduced the new drugs such as the tenofovir, lamivudine and dolutegravir, TLD, which was made more accessible to adults and adolescents which are also safer and more effective treatments. Also a very child effective treatment for children paediatric dolutegravir, DTG, has been approved by the SA Health Products Regulatory Authority, Sahpra. All these new medicines will increase safety and efficacy in the management of HIV and Aids.

Tuberculosis, TB, also is a twin infectious disease with HIV which causes a lot of high mortality in the world and in our country. Similar to HIV and Aids we also lost some ground in the management of TB. We have approved our recovery plan to make sure that we can be able to recover. We were targeting to reach 90% success in treatment, but currently we are just under 80%. Through our recovery plan we hope that we will be able to reach this. I can also indicate that through the new treatment regiments, shorter treatments, for instance, drug

resistant TB in the past used to take two years to treat drug resistant TB, but now with a new regiments of treatment this has been reduced from the previous two years, to nine months and now we can treat for six months. Also there are new regiments for children which can treat TB for four months.

On Malaria we are on course and we are working with our neighbours to make sure that we reach our malaria elimination. Some few months ago there was cholera outbreak. Still on the infectious diseases I am happy to announce to the House that this has also been contained. We have not had any new cases over the last two months or two.

Regarding the measles outbreak, we have rolled out immunisation programmes throughout the country and it is is also fairly under control.

The other area which also suffered as a result of the COVID-19 pandemic is the area of reproductive health. As a result family planning services were reduces. Because of this we have seen a high rise of teenage and school pregnancies. With our recovery of the family planning we hope that this will also be reduced.

As I come to an end, with regard to the national health insurance we know that the National Health Insurance Bill is in this House. We urge all members irrespective of political party affiliation to support the approval of the National Health Insurance Bill because this is all about equity. This is all about to make sure that we break the barriers of the two-health system, to make sure that you pull resources and make sure that everybody in our country can receive adequate health services without having to pay at the point of delivery. That is really the essence of the NHI. We are busy in the meantime within the department making sure that we are laying the foundation through various ways.

Hon Chair, as I thank you I want to say that as we move towards 30 years of our freedom and democracy let us all commit towards progressive realisation of our aspiration of our Constitution to provide health services for all our citizens. I thank you.

Dr K L JACOBS: Hon Chairperson, hon Minister, Deputy Minister, fellow members of the Portfolio Committee on Health, and all other members present, health is a critical provision which is enshrined in our Constitution, and it is a basis on sustenance

of life itself. It is this basis which places Budget Vote 18 as a critical vote as it speaks to the wellbeing of all the South Africans. Healthcare cost effect the economy, the national budget, and eventually, every South African’s family’s financial wellbeing.

Good quality accessible healthcare enables children to excel at school, adults to work more productively, and South Africans of all ages to live longer, healthier lives.

Healthcare is not a privilege for a few, but the right for all. Investment into the public healthcare system is often seen in an isolation, not taking into account the impact of health on the economy and society. The COVID-19 pandemic has proven how important health is for all aspects of the economy and society. South Africa needs to develop a resilient health system, better able to deal with the multitude of challenges we are presented with.

We attended the Presidential Health Summit last week as the committee. It was quite encouraging to see how the healthcare sector is engaging with the challenges confronting it in both the public and the private sectors. Most encouragingly, is the willingness of both sectors to work together to achieve the

key priorities and interventions for 2024 to 2029, and this is across all 10 pillars. I’m going to mention just a few of these important points.

The first is, addressing the challenges of human resources of health, the second is the improvement of supply chain management, the third is fighting and combating corruption, - let me see what is happening with my laptop, oops ... [Interjections.]

The HOUSE CHAIRPERSON (Ms M G Boroto): Earlier on, I realised that the network in this room is not so strong, Dr Jacobs ... [Interjections.]

Dr K L JACOBS: Thank you.

The HOUSE CHAIRPERSON (Ms M G Boroto): ... which I will just advise other members to try and print their speeches because they might have disappointments. Proceed.

Dr K L JACOBS: Execution of the infrastructure plans or recommendations to National Treasury to implement the infrastructure development management system framework,

improvement of the quality safety and quantity of health services provided with the focus on primary healthcare. Then the development of the digital health governance framework, and strengthening of accountability mechanisms at national, provincial and institutional level.

No debate is complete without mentioning of health reform. Now, health reform is for the most, the governmental policy, but it affects the healthcare delivery in any given place.

Just to mention a few things which I’ve mentioned as improvement for healthcare reform, it is access, coverage, quality, safety, efficiency, effectiveness and equity. Our intention is to achieve this improvement through the implementation of National Health Insurance, NHI, and the work of the legislation on the the National Health Insurance Bill, is at an advance stage.

There had been hiccups, for an example, the COVID-19 pandemic and other, but the portfolio committee has been committed to finalising the Bill. We hope that the [B]Bill, which is the final Bill, will be adopted by the portfolio committee on 24 May 2023. Thereafter, the [B]Bill goes to the House for adoption, which is referred to the NCOP for concurrence. The

presented Budget Vote has highlighted the strengthening the quality of care that should be provided in our facilities.

This includes, but it is not limited to ensuring that the requisite support per permissions in our facilities, in terms of both infrastructure and human resources. As part of the transformation agenda, the Budget Vote addresses the issues relating to quality health by for example, bringing tertiary services closer to patients in areas where these services are comparatively underdeveloped, including in the Eastern Cape, Limpopo, Mpumalanga and the North West.

This is necessary, and it will address the issues of access, as well as centre managed provincial hospital referrals. We note with concern the reduction in the budget of the National Department of Health in this financial year, a decrease of 6,9% in nominal terms, and 11,2% reduction in real terms. The Financial and Fiscal Commission, FFC, highlighted the decrease in a number of posts for doctors and specialists, compared to four other countries which included, the UK, India, Mexico and Brazil.

South Africa had a lowest number of doctors per 1000 patients, and the ratio has declined over the last two years, from 0,79 doctors per 1000 patients in 2019, to 2,3 doctors per 1000 patients in 2022. Now, we know that R8,7 billion is allocated over the medium-term to the human resources and training that are unto supplement provincial training for doctors to pursue specialist training. Yet, we have received an estimate of approximately 54% decrease in Registrar posts, hon Minister.

Equally concerning, is a challenge of nonclinical posts not being filled or even frozen. We have seen this in the Eastern Cape, and this is an important work that is often gets taken for granted. It is easy to see that when cutting on nonclinical positions, we are saving much needed money.

However, the reality is that, for instance, when the porter is not appointed, it would mean that the nurse, even the doctor, they will have to push the patient around, and we need to address this very urgently.

The Auditor-General noted a number of material irregularities across the various provinces. Many times, these issues were not finalised as thought processes would be initiated. It’s important that all provinces deal with material

irregularities, and institute a programme to prevent them from reoccurring in the first place. Regarding the Annual Performance Plans, APPs, it is very concerning that the Auditor-General had to make out the findings about measurability of usefulness, as well as completeness of indicators in certain provinces, including the national department.

It must become a matter of process, that the APPs are resubmitted to the Auditor-General, to ensure that the proactive review is correctly implemented. It is also concerning that key indicators and targets from the Medium- Term Strategic Framework, MTSF, are not tracking the APPs. How will the department know that they are on track to meet the targets in the MTSF when it is not tracked and reported on?

This needs to be rectified as a matter of priorities.

In terms of noncommunicable diseases, NCDs, they are having a negative impact on the health outcomes in the country. We therefore welcome initiatives such as, *My* Body, *My Health*: *My Wealth*, campaign, to address NCDs in South Africa.

Furthermore, the committee will be monitoring the implementation of national strategic plan on NCDs. Globally,

South Africa rates amongst the five other countries, the highest burden of HIV infections. Also noticeable is that, all top five countries with high HIV rates are on the Southern African region.

However, the increase of the antiretroviral therapy, ART,

coverage, in the region, has contributed to greater life

expectancy and quality of life. Among the top five countries with high HIV rates, South Africa is the highest ART coverage.

The South African government continues to contribute R40,4 billion funding for HIV and TB response, with

international donors contributing R11,3 billion, totalling R51,8 billion for HIV-TB response.

It is however projected that, over the *Medium-Term Expenditure*

*Framework,* MTEF, donor funding, will stagnate or decrease,

whilst government funding will steadily increase. Maternal infant and child mortality is an important indicator in the

health system. We note the International Maternal Newborn Health Conference, IMNHC, currently taking place in Cape Town which the Minister will be opening today from 8 to 11 May.

More than 1 500 international stakeholders congregate to

improve maternal and neonatal survival and prevent stillbirths.

We are confident that many innovative and important development will emanate from this important conference, and we congratulate you, Minister, on this conference that is taking place. In conclusion, Chairperson, the ANC supports all efforts towards health system strengthening. We believe that the National Health Insurance remains the only vehicle that will assist in addressing the issue of health equity in South Africa.

As the servants of the public, we owe it to the South Africans

to ensure the passing of this Bill in the remainder of this term. It is indeed the only way we can advance universal

healthcare in a just and equitable way for all the South

Africans. The ANC supports the Budget Vote of the department. Thank you.

Ms M O CLARKE: Good morning Chairperson and good morning to the members. Patients are forced to suffer because government is unable to address the multiple failures of the South African public health system, including the lack of funding,

poor staff morale and a low staff-to-patient ratio. These failures are rooted in dereliction of the philosophy and ethics of Ubuntu including poor management in many instances due to cadre deployment.

The National Health Insurance, NHI will not be the alpha and omega quick fix to the myriad of problems faced in the public health system. Urgent intervention in order to supply quality universal health care to the citizens of this country. The ANC has consistently stated that South Africa does not have universal health care. It is ironic that the ANC has been in power since 1994, yet they openly acknowledge that they have done very little to ensure that South Africans have quality universal health care. Despite repeated promises and plans to improve the public health system these past 3 decades, it has come close to ruin under the ANC-led government. Hospitals and clinics are falling apart, and this government has done nothing to ensure the citizens of this constitutional right to quality healthcare.

There is little to no consequence management for corruption and financial mismanagement. There are severe staff constraints, facilities and equipment are not maintained or

upgraded and are often unsafe. For nearly 30 years, the ANC- led government has barely done the minimum to ensure health care – of quality we do not even speak. How do they envision complying in terms of the required regulations stipulated within the National Health Insurance Bill?

When maladministration, fraud and corruption eventually leads to investigations, recommendations are never implemented and the situation continues to deteriorate. As seen recently with Rahima Moosa Mother and Child Hospital in Gauteng. Pleas for help and intervention are simply ignored for years. The public health sector is riddled with corruption – we have seen a Minister’s close friends and families profiting from COVID-19 and personal protection equipment, PPE funding, whistle blowers are being intimidated, silenced and killed.

In the budget realization, there are a number of targets and indicators relating to mother and child mortality, but the efficacy of these programs needs to be better reported upon. Infant mortality rates rose sharply from 2020 to 2021. The same increased trend can be seen for mortality in children under 5 years. These trends show that we might see an increase

by the end of the year. This indicator in the budget needs serious adjustment and re-alignment.

A recent question to the Minister revealed that 178 445 children aged 0 to 5 years died in public hospitals the past decade, 12 582 from moderate and severe acute malnutrition. Thousands of babies die in hospitals annually due to poor infection control, limited neonatal beds in intensive care units, ICUs, delays on case management, hypothermia and staff that do not have the adequate training.

Diabetes has doubled in South Africans in the last decade. In our country 4,2 million people have of diabetes. Around 45% of people are undiagnosed according to the International Diabetes Federation of South Africa, so the number could be as high as

9 million. South Africa has one of the highest obesity rates in the world, which could lead to a range of other diseases including hypertension and diabetes.

According to a health study, 8,22 million South Africans dependent on public health care suffer from hypertension, which is a root cause of heart diseases, strokes and kidney diseases. According to a question submitted to the Minister,

only half of the allocated R48 million of the Health Promotion levy raised was spent, which begs the question Mr Minister, with lifestyle diseases on the rise, why was the full amount not spent?

Cancer is one of the leading cause of mortality in the country, accounting for 10% of the nation’s deaths. There is an urgent need for the public health sector to implement and fund cancer prevention strategies in order to reduce the burden on the health system.

Government has spent more than R2,3 billion rand on legal costs for medico-legal claims since 2018, with reports that legal professionals sometimes collude with medical personnel and doctors to obtain patient files and also file fraudulent claims. A total of 15 148 claims had been lodged. It is worth mentioning that the department had an under expenditure of R771 million and underspent R82 million on health systems and human resources despite the significant staff shortages.

Many hospitals lack basic ICT infrastructure, many do not have working telephones or computers, never mind Wifi. The department has put a plan in place to implement an e-system at

the cost of R1,5 billion over five years. This indicator will be closely monitored to ensure this outcome is realized. The severe nursing staff shortages in the country between 26 000 and 62 000 public and private nurses are a major risk to the health system in South Africa. Yet, despite all these staff shortages, the department spent R30 million on just 44 posts for the National Health Insurance, NHI.

During the presidential health summit, the private sector mentioned they have capacity to train specialized medical personal but is hampered by regulation. This was one of the health compacts indicators that was not realised since 2018.It is clear that almost no progress has been made on the Presidential Health Compact since 2018. The lack of progress on the compact is a clear indicator of what will happ en with the NHI. Clear goals on paper, but no political will or expertise to implement.

I see the Deputy Minister is looking at me. We had a discussion on Friday and he disagreed with me. In conclusion, who has health has hope, and who has hope has everything. The residents of this country have no hope under the ANC-led government and very little to celebrate. I thank you.

Ms N N CHIRWA: Greetings to the Commander-in-chief of the EFF, Julius Sello Malema, officials, commissars and ground forces of the emancipation movement. The year 2023, marks a special year in South African, African and world politics. The 26 July movement, the EFF turning 10 years. It has been 10 years of fighting for free quality healthcare, commitment to healthcare workers struggle for better employment conditions and the 10 years of unbroken commitment to the fight for 24 hours clinics.

As we celebrate the 10 year anniversary of the only organisation that belongs to healthcare workers, the EFF, we would to invite all nurses to come and celebrate with us at FNB stadium. We also invite them to donate to the only organisation that is not funded by the Ruperts and the Oppenheimers. To donate to the EFF, you simply send “EFF DONATION” to 38172 and you will donate R10. You can donate multiple times, as there is no limit.

The Ramaphosa administration is by far the strongest demonstration of the allegiance of the ANC towards the establishment. Many thought the Convention for the Democratic South Africa, Codesa negotiations were the height of selling

out, but today I give you the Ramaphosa Presidency. The private sector is seeing the biggest show of loyalty from the ruling party because of little Menel, the ice boy of the Oppenheimers and the Ruperts. It is now evident that the sole purpose of the Ramaphosa Presidency was to take money and assets out of the state and plant them in private white hands. State-owned entities, SOEs the sell-out Expropriation Bill, and of course, the National Health Insurance Bill which is tangible evidence of what President Ramaphosa came to do. To sell our country to the highest bidder.

Like the Expropriation Bill that stole the language of revolution to mask its true destructive intention towards state sovereignty, the National Health Insurance Bill does the exact same thing, selling equalized healthcare and a breakdown of a two-tire health system in rhetoric, while it is in fact the outsourcing of healthcare to the private sector.

Like with SOE’s, Eskom, SAA, Transnet, Denel, we are seeing the real time intentional collapse of the public healthcare system. Minister Joe Phaahla, like Minister Pravin Gordhan, has no shame that the public healthcare sector is at its worst status this country has ever witnessed under his stewardship.

This because he is achieving the mandate Bill Gates gave to the ANC in 2009 where he told the ANC at a private conference to implement the NHI.

Patients die at the gates of hospitals. New-born infants die in their hundreds in hospitals, like we saw at Chris Hani Baragwanath Academic Hospital. Thousands of young mothers are raising permanently paralyzed children because of avoidable negligence in our hospitals. Healthcare workers are overworked and underpaid. Ambulance services do not exist. People do not even all for them anymore because they simply do not show up. Money meant to improve infrastructure of our hospitals is put into the pockets of ANC gorgons like in Tembisa Hospital.

Surgery backlogs are overlapping for years, many patients dying awaiting their chance at lifesaving surgeries and treatment. Thousands waiting for wheelchairs for many years on end.

The solution to our public healthcare collapse crisis will never be that we tenderize healthcare and outsource the wellbeing of our people to Netcare and Life through the NHI. Netcare and Life do not even have branches in township and rural areas. Prioritize primary healthcare, prevention, and

education. Increase and fill out all vacancies of healthcare staff. Ensure that there is at least one healthcare facility in every ward across the country that is open for 24 hours and

7 days a week.

Establish a functional state-owned pharmaceutical company. Invest in young Black medical scientists and the ground- breaking research that is focused on what our direct demands are and not what is decided for us by the World Health Organisation, WHO and the Food and Drug Administration, FDA. Regularize and fully integrate community healthcare workers as full employees of the state. Fund the research exploration of the use of stem cell science for pharmaceutical and medical purposes. Build 24 hour integrated post sexual trauma centres in all district hospitals linked to policing and detective directorates.

Build hospitals in Mbizana, Thaba Nchu, Orange Farm, Manguzi, Makhado, Barberton, Kuruman, Mogwase, Masiphumelele and other remote communities that travel for hours on end for medical intervention. Stop taking Bill Gates’ money. We no longer afford to run our country based on population control aspirations of a killer. How do you expect to keep our people

alive with the money from a man who invests in death? The brazen disdain for our people is so rife in South Africa for the ANC that Ministers are fighting court judgements that call for load shedding to not affect hospitals.

We reject the report. We reject Minister Joe Phaahla and his drum majorettes in the portfolio committee. We reject the ice boy of the Oppenheimers and the Ruperts, Mr Ramaphosa. Thank you, Chairperson.

The HOUSE CHAIRPERSON (Ms M G Boroto): Hon members, I am not sure. We must verify Table staff about translations. I need to be assisted also – order hon members, I am speaking. This is a hybrid session and I would ask my Table staff to please switch on because there might be reactions on the virtual platform.

As we proceed, please be advised that I am told that there is no... [No synergy between the sounds of 10:30 and 10:45.]

...but what we have requested from members is that the parties should submit if there is going to be another language because we have too many rooms at the same time and the NCOP is having their own committee. So, it might not be enough. So, the indication was requested going forth, if you have not indicated that your speaker will be using another language so

that we acquire translation services, it is going to give us problems. Thank you, very much.

Ms M D HLENGWA: Hon Chair, hon members, Minister of Health, let me start by accepting this Budget Vote on behalf of the IFP. Section 27 of the South African Constitution guarantees all South Africans the right to access health care services. While the Constitution and the complementary laws provide the framework to guide the state in meeting its obligations, our recent experience in response to Covid-19 suggests that much more is needed to reorient the publicly funded health system towards fulfilling the health needs of the population.

Nowhere else is it more evident that South Africa is the most unequal country in the world than through our health system. Approximately 71% of the population relies on the state for health care provision, in comparison with a mere 27% of the population that is able to afford the cost of private care, and institutional frameworks perpetuate these inequalities.

Therefore, the IFP supports, because most people are reliant on health care from the government.

Budgets follow the agreed-upon institutional arrangements that are already in place, rather than drive the change that is needed. This is why there is a need to refocus the publicly funded health system, starting with identifying and addressing the barriers to fair and equitable access to medicine, as we aimed to do during the Presidential Health Summit over the past weekend.

The health care budget has not been adjusted to account for the rising demand for health services or for Consumer Price Index inflation, which is projected at 4,9% in the 2023-24 financial year. We urge the department to prioritise mental health needs, because in our country, there are more mental health needs than any other thing such as cancer and infrastructure. Therefore, the IFP supports. I thank you.

Mr P A VAN STADEN: Hon Chairperson, the Presidential Health Summit that was held this past Thursday and Friday in the East Rand was nothing more than an ANC congress in preparation for the 2024 elections. This whole summit was nothing more than a tell-and-listen process and it was not a consultation process.

I have attended the summit online, for not all opposition parties in the Portfolio Committee on Health could attend the summit in person. All the presentations that were presented during the summit, were done by government and the African Union and some other institutions. It might as well have been done in a normal portfolio committee meeting.

All stakeholders in the medical industry, private and public, as well as all political parties represented in Parliament should have been afforded the opportunity to make an input about the problems in the health sector and to present solutions to these problems that are threatening the lives of our people on a daily basis in the public health sector. Then you can call it a health summit. This was nothing more than an ANC talk shop.

Every year, annual performance plans from the department and its entities are presented to the health committee. Every year, we ask the same questions, but never received adequate answers on the problems that is threatening the lives of patients in public hospitals. We are currently sitting with a decreased budget of R64,6 billion from 2022-23, to

R60,1 billion for 2023-24. Service delivery in our public sector is currently nonexistent.

Daily, patients are complaining from inside hospitals that they are lying there for weeks and months awaiting surgeries, just to find it being cancelled, day after day because of the unavailability of beds, medicine, doctors, or due to the air conditioners that have broken down in theatres. Patients on the outside is also complaining of hospitals that cannot admit them to perform urgent medical procedures or treatments. Not a day goes by without receiving these types of complaints. We are receiving them on a daily basis in huge numbers.

The Eastern Cape currently suffers a huge shortage of chronic medicine across the province, due to the nonpayment of manufacturers. The backlog in medical procedures are worsening by the day. The Financial and Fiscal Commission reported to the committee that, compared to other countries, South Africa has the lowest number of doctors per 1 000 patients as well as the highest number of patients per doctor. The situation is worsening as South Africa had 0,79 doctors per 1 000 patients in 2019 and it decreased to 0,32 in 2022.

The huge diesel bill of R685 million for the past financial year to keep the lights on in hospitals is a huge worry. With the plan to install solar panel systems at clinics, it is also not clear how this system will be funded and the security measures implemented to see to it that these panels or its components will not be stolen or vandalised. The fact that more than a 178 000 children died in our state hospitals in the last decade is also a huge concern.

Every year, we must hear in the committee that new public health facilities are being constructed or current facilities are being revitalised, but we never see a report on these matters, either from this department or the Department of Public Works.

It is still not clear what this draft Bill on medico-legal claims will entail and if it will address the problem. The shortage of executive heads at provincial hospitals, especially in six of these institutions in Gauteng, can be seen as one of the reasons for poor service delivery at these facilities.

The ANC must take note not to launch a witch hunt on private health facilities regarding the inspection of these facilities, but should rather close down facilities such as the Dora Nginza Provincial Hospital that is not fit for human use or medical treatment.

Then there is an amount of R1,5 billion dedicated to the National Health Insurance, even with the uncertainty of what this model will cost the taxpayer and no finance model yet.

*Afrikaans*:

Ek hoop van harte dat die agb Minister vandag aan ons ’n werkbare en uitvoerende plan van aksie gaan voorlê, om die openbare gesondheidsektor, wat reeds afgesterf het, te laat herlewe, sodat Suid-Afrikaners weer gesondheidsdienste van hoogstaande gehalte sal kan ontvang.

En nee, die Nasionale Gesondheidsversekering is nie ’n plan nie, dit is ’n ANC-nasionaliseringsaksie. Ons soek vandag oplossings en uitvoerbare planne, want Suid-Afrikaners sterf daagliks weens die regering se onvermoë om gesondheidsdienste te lewer. Op ’n daaglikse basis sterf ons kinders, gesonde mense en ons bejaardes in hierdie geriewe, weens die regering

se nalatigheid en slapheid. Suid-Afrikaners soek oplossings en hulle soek dit nou.

*English*:

The citizens of this country are fed up with this government. the citizens of this country will no longer pay the price for thin government’s incompetence, maladministration and mismanagement. The citizens of this country will be sending the ANC home.

Your time is up. President Nelson Mandela would surely have been deeply disappointed in your actions and the manner in how you treat South Africans in our state facilities. ANC go home! Thank you.

Ms M E SUKERS: Hon Chairperson, the ACDP addressed a number of issues during the health budget deliberation. Firstly, the need for an urgent response to malnutrition by this department, we called for a report on the R7,4 billion loan for Covid-19 vaccines, we called out the state of emergency services and availability of ambulances in the Northern Cape and the need for the upscaling of the Richmond Hospital as an emergency unit to cover the N1 national road.

It is our contention that the budget presentation does not address the health care crisis we are in. It is an inadequate response to issues raised by committee members who are faced on a daily basis with the reality of a health department that metaphorically is a sick patient on life support.

The Department of Health has not responded to the ACDP’s call for a response on severe malnutrition - a pandemic that is growing in our nation.

*Afrikaans*:

Die droom van ons land, Suid-Afrika, is aan sterwe in die honger oë van ’n kind wat suikerwater en brood eet as ’n maaltyd. Twintig punt vier persent van ons gesinne beleef voedselonsekerheid, en jy hoef net te ry uit die Kaap, deur die Karoo, om die toename in honger te sien. Ons het meer en meer kinders wat die simptome van wanvoeding toon, en vertraagde kognitiewe ontwikkeling. Die navorsing dui daarop aan dat ons dringend intervensie moet neem en dit nou ons pandemie is.

Die impak van honger op die gesondheid van kinders in die langtermyn is permanent, veral in die delikate fase van

kognitiewe ontwikkeling, en honger het ’n negatiewe impak op die geestelike gesondheid van mense, nieteenstaande ouderdom.

*English*:

The ACDP sees the impact of child hunger in the projects we are involved in, and the need for an effective and urgent intervention in communities where unemployment is high. It requires an interdepartmental response between Health, Social Development, and Basic Education. And not at the glacial pace unique to the public sector. We need an urgent response!

Food insecurity remains a major health threat in South Africa. Hunger increases the risk of drug addiction in children as young as six, and vulnerable children sniff glue to combat hunger. We need urgent intervention in provinces like the Northern Cape, the Eastern Cape, and in the Karoo.

Nationally, the increase in food prices is having a major impact on the health and wellness of families in the lower, and lower-middle-class categories.

A call has been made from the NGO sector for food retailers to forego their mark-up on essential food items like eggs, and

for those essential nutrient items to be reduced in price. Today, the ACDP wants to reiterate our support for this call, and we join the call for government to provide a legal framework, to ensure food products that are rich in nutrients are reduced in price to combat the growing crisis of hunger, and the health threat it poses to vulnerable groups. Hunger is the disease we can cure. Thank you.

The DEPUTY MINISTER OF HEALTH: Chairperson, I want to greet the Minister of Health, Dr Phaahla, greet all the MECs present here, MEC from Limpopo, North West, Mpumalanga, and those who are locked in virtually, our National Assembly, hon members, also I want to greet the director-general who is here present with his whole team. I want to specially dedicate my speech to the 20 nightingales, among them, mama Rosemond Tunyiswa- Shabani, who was laid to rest on 22 April this 2023. As we will be celebrating the International Nurses Day on Friday, this is a group of 20 nurses who were recruited by the ANC under the leadership of President O R Tambo to go and assist Tanganyika- now Tanzania, when the white nurses migrated Tanzania – Tanganyika then, because they were not going to be able to serve under a black government in 1961. As nurses are returning home, and some of them have laid to rest. So, we

want to also thank the government of the Eastern Cape for getting special provincial official funeral for this lady.

The recently approved National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, NCD, will accelerate the country’s response to the challenges of NCDs, and some of the members before me has indicated. The National Noncommunicable Diseases Campaign has been established to strengthen the district’s community-based response in line with the integrated people-centred health service approach that we have.

This plan therefore endeavours to lay a foundation for action through a cascading strategy. Similar to that, the Minister has alluded to 90-90-90 approach that we use for HIV and Aids, and TB. But this one, we want to start it at 90-60-50, meaning that 90%, including us here – 90% of us here should know whether we have high blood pressure and diabetes or not. Of course, after knowing, 60% of those should be able to getting closer to knowing the interventions, like reducing your weight by exercising, stopping smoking, stopping drinking or starting to take the medication, and 50% of those interventions listed above should be able to be under control.

We have put a target in the country of at least doing annual screening of 25 million people. We really are happy with the target that we overshot last year by screening 32 million South Africans on high blood pressure and 31 million for diabetes. However, we fall short of making sure that those who have been established are able to follow the instruction that are given to them.

However, we are rolling out this programme through the leadership of the Minister at the point of care provided and test for glucose through the HbA1c test. And we want to accelerate this programme very strongly. I want to also say that I have been taught by one of the young doctor who had qualified in Cuba, Dr Nhlakanipho Gumede, who is the senior manager in Grey’s Hospital, who has actually given me a classification of all individuals within the country from one to five. Because of time, I am not going to be able to do all that. But this classification is empowering health care workers through a multidisciplinary team to be able to sit down and look at the data that they collect and plan the urgent intervention for the family and for the society.

We are going to go very strong on this because we need, amongst other things, to respond to some of the things that the hon Phaahla has said that we are not very strong on NCD, then we will be. There is a very innovative programme in our country called Central Chronic Medication Dispensing and Distribution, CCMDD, which was started by this department very innovatively. And it is assisting us to really make sure ... and it is like a shortcut for many of our South African’s.

Currently, there is over 5,6 million who have been registered through the CCMDD.

What is the CCMDD – it’s for patients who are not supposed to go to the clinic every month but they actually get their medication at home. It can be delivered in a crèche, a school next door or in shop next to them. This assist them in cutting down the visits to the clinic 12 times a year, instead, they go four times. The rest of the months they collect the medication close to them. While we have not been very strong in improving our health care personnel in clinics, we really benefit from them not crowding our clinics because we take medication to them at their homes. This is assisting us even strongly to improve their adherence to treatment and also making sure that we don’t lose out in this process. I was told

by the director-general here – I hope this is true and it is – that we have awarded through the African Association of Public Administration an award in Africa for being able to get this process on.

On mental health, it is safe to mention that we had a successful SA Mental Health Conference two weeks ago, hosted by the department. The Minister spoke at length there.

Therefore, it is showcasing that we indeed acknowledge the government that maybe this programme has not been the one that we are focusing on. We specially have two days working on it and we are also putting up a programme how we are going to run with this process, where we could actually decentralise all of our health care workers to move on from being just generalist, but to get some knowledge of mental health and be able to intervene because some of the criticism is that in our facilities - in our clinics, we are not able to support and work and given support to those who need this process.

There is a very good campaign that this department is running and we want to accelerate it on human papillomavirus vaccine on young girls in schools. Minister, we have not briefed you about this. We have been approached by private schools saying

that they don’t want to be left behind, and that this must also encompass them. Parents from these private schools have medical aids, so this vaccine will be paid by their medical aids, but they want to see us involved in working and supporting them. We are ready to take this up. Minister, we will give you that support and we say that it should be all children in this country, so that one day we’ll report that there is no reason for us to continue screening on the cancer of the cervix because we have already eliminated it.

In partnership with the Department of Home Affairs, we have actually installed Home Affairs offices in 1 445 of our health facilities in the country. Now, I am calling our hospitals now to offer “BNB” - they offer a baby and a birth certificate.

When you get there, you don’t have to go elsewhere. You deliver a baby and next door you get the birth certificate. We want to roll it out because there is a call in the country where everybody should be registered. All births should be registered at least within 30 days. Any 30 days later is late registration. So, we want to accelerate this process of getting birth registrations in all our facilities. I am told that director-general is working also in the possibility of getting the death certificates collected online in hospitals.

That is going to really take a huge burden from the anxiety that we have in our country.

The Minister is a chairperson of a programme called E8, Eliminate Malaria, in Southern African Development, SADC. We are aware as South Africa that there is heavy burden on us as a country, because we don’t have malaria all over. We have malaria in three provinces, Limpopo, KwaZulu-Natal and Mpumalanga. And even in those provinces, not all districts have malaria. So, there is an expectation in SADC that Minister Phaahla and the team must do faster and better. We are really glad with the programme that we are making because we already have an award also last year from World Health Organization, WHO, recognising our efforts that we put on the eliminate malaria processes. However, we were not happy with the slight increase of morbidity and mortality last year.

Minister, I note that when I asked about this we were told it is due to some challenges that we have at the border screening. So, we would like to improve on that so that you could report better into SADC structures. I want also to talk to get our colleagues, mainly from the opposition, to give us evidence if there is, because I can say that we have improved

so much in terms of placing medical interns and community service doctors on time. There are doctors who may remain unemployed because they don’t want to go to Tshilidzini Hospital, they want to go to Baragwanath Hospital. If we have closed all interns’ posts and community services posts at Chris Hani Hospital - Baragwanath Hospital, then they must go to De Aar and Tshilidzini hospitals, but they remain unemployed at home and they wait for the next round. So, I would want to have evidence that we continue not placing doctors rather then those who are waiting for the next round because they prefer to work in urban areas and they don’t want to go and assist us in the rural areas.

Since the inception of the Fidel Castro Nelson Mandela Fidel Castro Medical Collaboration Programme in 1997, we have graduated 3 027 doctors. We would like to ... thank you very much on that. We would like to invite hon members to join us on 7 July where we will be graduating another 410 of these doctors in partnership with the University of Cape Town. It’s unfortunate that we will do this at the University of Cape Town and there will be no child who will be graduating there from either Embekweni, Khayelitsha, Gugulethu or Mitchells Plain because this province has not really taken up on this

programme of Fidel Castro. That is why the Minister has instructed me to work with the Deputy Minister of Higher Education maybe to get some funding to come and identify children from the Western Cape who must also benefit from this Cuban Mandela programme.

The Cuban medical training has a primary health care approach and as the department we have started discussions with the local medical universities to ensure that the medical training in South Africa has a strong primary health care arm using the Cuban model which has been proven to be very effective. I want to say hon Minister that we have worked very hard as tripartite departments, the departments led by three Deputy Ministers, the Deputy Minister of Mineral Resources and Energy, the Deputy Minister of Employment and Labour and myself, tasked by our government, hon Cyril Ramaphosa, to actually run the ex-mine workers programme. We have had the successful campaigns and visibility in KwaZulu-Natal, Eastern Cape and North West.

Our next target is to go to the rest of the country and also to SADC. What is also happening there is that if you happen to be a black mine worker you will leave the mine without your

pension payout and the rest of the other things. Occupational diseases were not checked if you were black. Now, we are actually accelerating that. All former mine workers who are white are sitting at home and enjoying their pensions, but we have to go and look for the black ones in Gqeberha, and everywhere – all over rural areas and get them to be supported. And we will continue to do that because there’s money – R10 billion is sitting there waiting to be compensated to these mineworkers and they don’t have their monies.

The last part that we wanted to talk to you about is that, we want to acknowledge the fact that 461 very small aperture terminal broadband services have been successfully installed at the critical health facilities, health clinics in particular, by our Ministry and the Department of Communication and Digital Technologies as at end of 2021. We acknowledge the effort and commitment from this department - our sister department – the Department of Communications and Digital Technologies in providing connectivity, equipping these critical centres with connectivity infrastructure required to tackle all our diseases. The roll-out of our services across remote regions of the country has been accelerated. It has also greatly improved medical services and

provision of access for all our patients. We want to actually go very strong on this.

We therefore want to say that we are grateful for those members of the portfolio committee who have come here to support our budget. I would like to say that the two remaining minutes I would like to give it to my Minister when he closes. Thank you very much.

Mr V ZUNGULA: Thank you very much House Chair for the opportunity, the Department of Health is crucial for the wellbeing of the country. Access to health care quality must be top priority. The poor citizens of the country can’t condemned be to poor quality health care, and at worst, have no access to health care at all. We cannot at this day in age have patients die on hospital beds or benches due to lack of oxygen, medicine and other medical supplies. At minimum, all hospitals should have basic necessities such as water, electricity, oxygen, tanks, syringes, medicine, sufficient doctors, and health care workers to render services on a daily basis.

Minister, there has been rising issues concerning mental health, especially amongst young people. The department must be able to device mechanisms to help young people in this regard. Mental care facilities should be made more accessible.

Selling fake and expired foods to people is akin to biological warfare. This is even worse because these fake and expired foods are only sold to vulnerable poor communities. South Africans are in desperate need of food quality assurance to ensure that the food sold to them is safe for consumption.

This is similar to the issue of bogus doctors who have no legal authority to prescribe medication or even perform the most minor operation. These doctors are operating in poor black communities and experimenting on our people. To this point, the department needs to have a wide scale crackdown on all unregistered doctors masquerading as registered medical practitioners. The department needs to make it worthwhile for our doctors to practice in hospitals located in villages.

Currently, health care workers are frustrated as they are expected to be of service to communities, yet hospitals and clinics do not have these basic necessities as some leaders misuse public funds and do not equip clinics and hospitals.

There is a need for psychological support for health care workers who witness trauma and death on a daily basis.

Essentials such as sanitary towels should be made accessible for women, especially those who are underprivileged. Sanitary pads are not a luxury Minister, they are a need.

Minister, there needs to be an increased training capacity for health care workers. Remuneration packages needs to be reviewed. Disease prevention needs to be prioritised, and community-based health services needs to be strengthened.

Nursing norms need to be reviewed to allow for quality health care. Clinical education needs to be prioritised in order to have nurses ready to function independently after basic training.

Lastly, the Department of Health needs to put pressure on Home Affairs to deal with the issue of undocumented migrants who adds to an already heavily burdened public health care system. I thank you.

Mr A M SHAIK EMAM: House Chairperson, it is not the policy of the NFP not to support a Budget Vote simply because we have to

deliver services to our people. Having said that, to the Minister, Deputy Minister and House Chairperson, and I think for all the colleagues that have spoken, I think we all know and understand the challenges that we face as far as health care is concerned in the country. I remember the words of the former Minister of Health, Minister Motsoaledi when he said:

I could go out throughout the country and dish out dialysis machines, but that is not what I want. I don’t want my people to die with kidneys failures, I want them to live longer and healthier.

So, the question we need to ask today is: What are we going to do in this country to move to a more preventative health care system? I think that’s where our focus should rather be on.

Now, remember hon Minister, through you, House Chair, the country has a population increase of over one million every year. And they say, you are what you eat. There is very little or no focus on the food products that are sold on the streets, giving rise to the burden on the diseases to the country. I think we should start focusing on prevention rather than cure if that’s the term that’s actually used. If you recall the

Cuban policy or principle that they follow - and we are sending our students to go and study there – must be to introduce the preventative system so that our people can live longer. Let us not forget, people are starting to die much earlier now. You have people at 25, 30, and 35 dying with heart attacks in this country.

On the issue of this mental health care – and I am glad you raised it – Minister, I would like you to take your team and visit R K Khan Hospital where psychiatric patients are currently being put in one room both male and female, no ventilation, and it is a psychiatric ward. Can you imagine what you can expect if something goes wrong there?

Very importantly, there seems to be an outcry from those that have studied abroad and are writing board examinations. It appears that there are lots of allegations ... [Inaudible.]

... of corruption that people are getting passed and others are getting failed because there is money changing hands. The other problem which I think I addressed with you, Minister, is the issue medical practitioners – those that have served the community service - but cannot be accommodated. If you want

the National Health Insurance, NHI, to be successful, we are going to have to accommodate this people.

So, my plea is: Can we take care of our citizens by creating a preventative health care system? I thank you. The NFP will support this Budget Vote.

Mr N V XABA: House Chair, to the portfolio committee members, the Minister, the Deputy Minister, the people of South Africa, and in my region, Fezile Dabi people, in Mafube, and my hometown Villiers, including my family, warm greetings.

House Chair, infrastructure plays a critical role in supporting the core objectives in encouraging better care standards, patient wellbeing and ensuring that health care users have a positive experience with the health care system. In addition, the health care system and its personnel must encourage the general public to prevent illness, promote good health, and healthy lifestyle as part of the agenda for improving human health. As such, infrastructure plays an important role in strengthening the health system and in ensuring that issues related to access to quality and affordable health care are always prioritised.

Infrastructure development is a key element of Economic Reconstruction and Recovery Plan, thus contributing to job creation and economic development. As a developing economy with one of the largest health system in Southern Africa, it is important and incumbent upon us as a country to prioritise health infrastructure towards obtaining improved health care outcomes and health care development goals.

However, this should be understood within the context of global events that have, and will continue to see an increase in urbanisation, and as a result of greater increase in migration patterns to South Africa internally and externally, this places a burden on social services, including health care.

In the previous week, at the Presidential Health Summit, the issue of health care infrastructure was tackled with much emphasis being placed on the importance of strengthening financing model for the health care infrastructure. This of course, in light of the 10-year infrastructure plan, that includes strengthening health infrastructure as an integral part of improving primary health care, and as a consequence,

creating a platform for the implementation of the National Health Insurance.

Having mentioned this, hon House Chair, at the Presidential Health Summit, I wish to indicate that the Deputy Minister, in front of the President when the whole country was also watching mentioned a pledge with regard to universal health care coverage. I will specifically mention one pledge on point nine, which is: You become an advocate of universal health care coverage within communities and create awareness of benefits of universal health care coverage. This, I am mentioning due to the fact that hon member Clarke was there when this pledge was being read. As all members who were there, we were saying, “Yes, I do”. So, the DA is in marriage with us to implement this. He was there. You can check Hansard, he was there. So, I wish to mention that we are obliged to have such honest portfolio committee members that are confirming the pledge to say we will go together with them. Thank you.

The infrastructure development goals have however not been without challenges, this in particular as it concerns the reality and context of the COVID-19 pandemic on one hand, and

the national crisis of load shedding in so far as it pertains to infrastructure development within the health sector on the other hand. There is indeed a notable impact on the developments within the health sector in this Administration. These, amongst others things, are hampering on the quality of services that can be provided to the users of public health care system in South Africa.

In the previous year, particularly, as part of the oversight responsibility of Parliament, the Portfolio Committee on Health conducted oversight in facilities in Eastern Cape where there is in certain areas good quality health care service provision, and in some areas, there having been notable challenges regarding health care service, particularly as it pertains to the quality of infrastructure in the sector. We met MEC Meth at the Presidential Health Summit as the portfolio committee. We will be doing a follow-up to Eastern Cape. She was very pleased to invite us to the Uitenhage Hospital to see improved infrastructure for the hospital there. We are proud to say the ANC government delivers. Thank you, MEC Meth.

It is thus important that this budget cycle should explore and consider strengthening the capacity of health facilities.

There is already work that is underway that is led by the Treasury and the national Department of Health. With a Budget of R22,2 billion over the Medium-Term Expenditure Framework period, the Direct Health Facility Revitalisation grant is the largest source of funding for public health infrastructure. It is distributed to provincial Health Departments through Health Facilities Infrastructure Management Subprogramme of the Hospital Systems Programme. The R6,9 billion National Health Insurance in Direct Health Facility Revitalisation Component is housed in this subprogramme. It includes funding, the planning and construction of the Limpopo Central Hospital in Polokwane, which is scheduled to open in 2025-26 financial year.

Equally important, is the question of health technology as a purview of infrastructure. South Africa being one of the country in the region as it pertains to health research, it is necessary to consider the work that is undertaken by some of the department’s entities and how this serves the overarching agenda of improving the health care system and the health care service as a whole. Some of the evidence in this regard is

noted in some of the science research that is being led by leaders in the health fraternity at a global level.

Shouting like the EFF doesn’t assist. Here are the facts. Over the medium-term, it is anticipated that the council will spend around 24,8% or R1 billion on innovation and technology programmes that aims to improve health that includes developing ability of low and middle income nations to produce mRNA vaccines, and funding scholarships to develop a workforce for vaccine production and monitoring COVID-19 viral RNA in waste water across more than 80 waste water treatment facilities in South Africa to ensure that COVID-19 outbreaks are caught early.

Whilst the sector is confronted with various challenges and the need for structural reform and transformation, it is however important that as marshalled by the Department of Health and the Ministry, that as a nation we remain on course in terms of dealing with the needed transformation in light of the other existing geopolitical and social issues.

Hon Van Staden, let’s make it clear on the following matter of elections. The President had said this election is ours. We

are hard on the ground on which service delivery in the year of decisive action ... ours is not coalitions. Outright majority is a victory. We are on course, and victory is certain. I thank you.

Ms E R WILSON: Humpty Dumpty sat on the wall. Humpty Dumpty took a great fall. All the kings’ horses and all the kings’ men, couldn’t put Humpty together again. Yes, it is an old nursery rhyme that tells of an egg falling off a wall and cracking and smashing as it hit the floor. Therefore, all the kings’ horses and all the kings’ men, had no idea of how to put it that together again. It is the perfect example of what has happened to the South African health sector in recent years. Humpty is health, it has fallen, cracked, and broken and none of the President’s men know how to fix it. Therefore, while the President’s men stand by and scratch their heads, the increasingly, poor and vulnerable South Africans bear the brunt of a broken health system. You are, indeed, by your own admission today, Minister, falling behind. Where does one even start to discuss the brokenness, let alone how to fix it. You have to understand how it broken in the first place.

Let’s start with corruption. It is over a year since Babita Deokaran was gunned down for exposing the deep corruption and ridiculous over pricing of goods supplied to the Tembisa Hospital. Over a year, and the matter is still under Special Investigating Unit, SIU, investigation, and to date, not one of the companies cited in her expose there have been blacklisted by the department. Therefore, the corruption continues unabated. Medical negligence claims have run into billions, billions. Complainants are winning cases on the fact that no files or information can be found at hospitals.

However, it is now clear that the doctors and the senior personnel are complicit in some of these claims and working with unscrupulous lawyers, stealing files and falsifying information. Therefore, they are getting away with it. Why? Because of the short staffing and impractical record keeping and storage of information. It has also become abundantly clear that state employed doctors spend more time in their private practices than in the hospitals that they have been employed to serve. Can the President’s men put it together again? Not likely. Between the corruption, legal fees and loss of suits on medical negligence, millions and millions of rands

have been lost to health departments, at the price of quality health care to the poor and to the vulnerable.

Health is broken, and the President’s men cannot fathom how to put it back together again. One of the President’s men, the Minister himself, revealed a backlog of seven years for orthopaedic surgeries, which include fractures, knee replacements and hip replacements. People are being forced to live in unbelievable pain, and often end up with walking aids and wheelchairs. They cannot function optimally and some have lost their jobs as a result. Cancer patients requiring mastectomies and other cancer related surgeries will have to wait between one and two years for life saving surgeries. It is common knowledge that in order to arrest the spread of cancer, biopsies and removal of tumours and masses must be done as quickly as possible. Life expectancy of cancer patients is seriously affected.

It is a terrible state of affairs, and those that could have good lives that treatments were done immediately, are being denied this. Hysterectomies can take up to two years, cataract removals up to three years and the list goes on. Humpty’s health still off the wall, and the President’s men together

cannot put it back together at all. Section 27 of the Constitution deals with health care, food, water and social security and states clearly that everyone has the right to have access to health care services, including reproductive health care and surgeries and cancer treatments. It further states that no one must be refused emergency medical treatment, but they are. In terms of section 9, everyone has the right to equality, including access to health care services, which means that individuals should not be unfairly excluded in the provision of health care that includes Emergency Medical Services, EMS, cancer surgeries and orthopaedics.

I say to you, the President’s men, people are being denied reasonable access to life saving surgeries and the denial of quality of life is being done as in the case of orthopaedic and other critical surgeries. Millions have been spent on the National Health Insurance Bill, with failed pilot projects, public hearings and the appointment of staff for the National Health Insurance, NHI. This money could have been used to upgrade facilities with staff and infrastructure to avoid this crisis. The President and his men are trying to put health together again with the NHI, it will not stick. The Bill is

clear. Only those hospitals and facilities that meet compliance standards can be included in the NHI.

May I say to the President’s men, you cannot pass the Bill? The majority of the hospitals and clinics in the country are not compliant. The office of health standards compliance by their own admission advised that they cannot get to all the health facilities, not for years due to the lack of staffing and resources. So, what then, President’s men? If you pass this Bill and continue, without health being compliant, you are going to breach the very Bill you seek to pass. You will face the consequences, be sure. [Time expired.]

Ms A GELA: I will pretend as if I didn’t hear you hon Clarke. I know it is your norm. It is how you behave, even in the portfolio committee. Thank you very much, House Chairperson, Hon Minister Joe Phaahla, hon Deputy Minister Sibongiseni Dhlomo, other hon Ministers and Deputy Ministers present, my chairperson, hon Kenneth Jacobs, my fellow members of the portfolio committee, hon members of the House, but especially my fellow comrades from the glorious movement, the ANC. Hon MECs for Health who have just joined us today, it is a pleasure to have you. Greetings to my beautiful MECs, my

comrade, my mother, Mama Nomantu, I am happy that you are here.

Chairperson, the World Health Organisation ... [Interjections.] The World Health Organisation provides us with the definition of health, which says, and I quote:

Health is not just the absence of disease or infinity, but it is the state of good physical, social and mental well- being and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.

You can see, hon House Chair and hon member, that the definition even mentioned economy as just one of the sectors that also relate to health. Let me demonstrate how important health is in our life: Without health, economy does not exist; without health, education does not exist; without health, sport does not exist; and without health, peace does not exist.

Maybe, let me bring it a little closer to home and say without health, Parliament does not exist. We all know that hon members. Therefore, this means that we must invest in health. We do have the budget in the country. We must prioritise health. Health must receive the biggest funding than all other sectors because without health, we are nothing.

As the President of the Republic, President Cyril Ramaphosa said it this just a Friday when he was addressing the Presidential Health Summit in Johannesburg. He said, and I quote:

We need well a funded Health System moving forward as we introduce our NHI. We must all insist that our healthcare system must be well funded.

Chairperson, improving health outcomes as an imperative for strengthening the South African health system it has been globally declared that we are now on the other side of the Covid-19 pandemic, which over the past few years changed the world as we have known it. However, more important change the sector globally.

Throughout the period of the pandemic, the South African Health sector has evolved, with our country also gaining global recognition for its leadership in health, science, research and development. The Covid-19 pandemic also posed a challenge for some of the strategic health goals that department had said for this administration.

This is seen in how some of the programs performed over the past few years, experienced some setbacks. This, including the areas of maternal health and youth health, HIV and AIDS, as well as in the area of a communicable and noncommunicable diseases. Although the country and the wealth is confronted by economic challenges that further apply the poor people in into the position of a vulnerability.

The South African government, as inspired by its commitment to the people of South Africa, maintains its position of prioritising health care, particularly ensuring that the NHI remains the vehicle which should be used in order to achieve the health justice in our lifetime, as integral part of this is indeed a resource allocation for health priorities such as maternal, child and youth health, HIV, communicable and noncommunicable diseases.

Prioritising the issue of youth applied as it relates to HIV is vital and it is a critical aspect in the attainment of NH

95 95 95 strategy. The department is giving adolescence and youth a friendly service which is at anticipated to improve how young people access their health services. Top priority is addressing some of the barriers to receive sexual health treatment. This Budget Vote enables the implementation of the development initiative called *Youth Zone* aiming to ensure that these adolescent and young adults’ friendly services are included in the suit of primary health care services

The *Youth Zone* support the political call for enhancing everyone's access to health care, an era to a strategic avenue wherein issue, such as the promotion of access to health and other services, public health promotion and ensuring that health facilities are free from a stigmatisation, especially for youth and other vulnerable groups.

The HIV, AIDS and STIs subprograms and the communicable and noncommunicable diseases program has been allocated R24,6 billion throughout, with the HIV, AIDS and STIs component being the largest. The main focus of the components funding is antiretroviral therapy, which will reach 7 million individuals

by 2025-26. There they are also sizable budgetary allocation for preventative initiative, like condoms distribution, medical male circumcision and HIV testing.

This is indeed a significant step that will provide for overall improvement of health outcomes over the health system. Regarding a communicable and noncommunicable diseases, the Budget Vote strategically identifies the areas that need to be prioritised over the MTEF period, including: Reducing the risk of women developing cervical cancer by 80% of eligible girls in Grade 5 against the human papillomavirus in each year over the medium term; contribute to the reduction of HIV infection among young people by ensuring that 2 300 primary health care facilities have *Youth Zone*; achieving TB treatment success rate of 95% by 2024-25; increasing a total number of HIV- positive people accessing antiretroviral treatment from

5,2 million in March 2022 to 7 million in March 2026; implementing the universal test and treat policy; reducing new infections in new HIV infection by implementing a combination of the prevention or intervention, such as HIV counselling and testing, medical circumcision and condom distribution over the midterm; reducing premature mortality as a result of

noncommunicable deseases; and screening 60% of trials of hypertension and diabetes in 2023-2024.

We need to continue to strengthen the health system through increasing human resources capacity of professionals, such as a specialist doctors and nurses in line with the increased training. The number of medical interns appointed by provinces has increased from 1 500 in 2015 to 2 625 in 2022; and

community service doctors from 1 222 to 2 369 over the same period. The Mandela Federal Castro graduated over

650 graduates which will improve positively in improving the capacity and quality of healthcare.

One of the strategies that will enable this, include to reorientate the health system towards primary health care through community-based health programs, by ensuring that all community health workers are capacited and supported. The department plans to improve the quality of care at primary health care facilities by ensuring that 2 400 of these qualify as ideal clinics by 2024 March. It is important to place emphasis on the importance of the strengthening the primary health care system as a way to improve the South African

health system and build a more equitable health system and equal service, served as a people of this country.

Let me just respond to some of the issues that were raised by hon members of this House, especially the opposition party.

Chairperson, allow me just to say the ANC has been in power since 1994. It is true, we know that as ANC, but you must bear in mind what you have done because you were leading since that era of apartheid. We were there.

However, as ANC we have done a lot in terms of making sure that our people get services that they have to get. As ANC, we are not corrupt. You were also corrupt during your era. You must go and check, even here where the DA is leading. There are scandals that they also have scanned. So you must not say ANC is corrupt. We will continue to rule this country. Thank you.

The HOUSE CHAIRPERSON (Ms M G Boroto): Hon Minister, as you conclude the debate, know that you have extra five minutes and

50 seconds, which takes you to 10 minutes and 50 seconds.

The MINISTER OF HEALTH: Thank you very much, Chairperson. Let me thank all the hon members of this House who have contributed to the debate on Budget Vote 18 - Health. I think, if anybody had the doubts, there is no doubt that the election campaign for 2024 is in full swing. Otherwise some of outrageous things, which some of the hon members have said, denying reality wouldn’t had been said. It’s just a confirmation that indeed we are in a full swing of an election campaign for 2024.

Chairperson, before I go on, let me take this opportunity to thank many patriotic South Africans who have given their time, their skills in serving our people in various capacities. Some of them have worked, as I said, in the three years of the fight against the covid, in different committees and in addition to our front-line medical professionals, without any pay in different structures.

But also, on a normal day-to-day work of the department, there are many South Africans who provide their skills, their time, some of them serving in the various boards, various councils, and contributing their skills to improve the quality of health of all South Africans.

And I want to take this opportunity to also recognize and thank our Health Ombud, Professor Malegaburu, who is on his last leg of completing his term as the health Ombudsman. He came here into an area where there was no experience. He had to establish the Office of the Public Health Ombud. Because it is a fixed term, a seven-year term, he has to complete it at the end of May. We are currently discussing the handover of the office. But at the current moment in terms of the appointment, he is completing.

And as we know, he has helped us quite a lot in terms of identifying areas of weakness. South Africans had the confidence to report areas they were not satisfied with to his office. Life Esidimeni is one of the very prominent areas, which he has helped us to make a lot of improvements.

I will just comment on a few of the hon members’ inputs. Hon Clark, to the hundreds and thousands of very committed health workers out there, for them to hear you alleging that everything has fallen apart ... As we speak here today, you can go to all nine provinces, you can go to our clinics, you can go to hospitals big and small, you will find dedicated health workers busy saving lives. Bringing lives and saving

lives. On an average, I just mentioned for instance, that, on a daily basis, if you go to a hospital like Chris Hani Baragwanath Hospital, you have over 7,000 workers, on a daily basis working there. On a monthly basis delivering between 1

500 to 1,800 babies alive and coming to life.

So, if you were to check how many of the young people, not just in Gauteng, but all over who actually can attribute their life of coming to life, to many of our public health facilities. For them to be hearing from you that everything has fallen apart. I think you really have to think again before making such outrageous statements.

We acknowledge that there are challenges. We have said it here that our system is under a lot of burden because of high burden of diseases, because of underfunding and under resourcing. But those are the issues which we acknowledge and we are addressing.

In terms of corruption, we acknowledge also that it is a problem. But we are dealing with it. If you say correctly that you were at the Presidential Summit, then you would have heard Attorney Mothibi report there. The number of cases that were

dealt with, some of which were referred to the police and the courts.

On the Tembisa issue, the MEC is here, and if we take a break here, you can talk to the MEC. She can inform you of the actions that she has taken. The executive director is still suspended and under indictment, so action is being taken. We are not shying away from where we have challenges, but we are taking action.

Hon Chirwa, as usual, what else can you expect? Just fury and with no sense as usual. To say that the National Health Insurance, NHI, is a sell out to business. Is that really so? Have you even read it? Have you read the Bill itself? Have you read the White Paper? Have you read the policy? This is the antithesis of privatization. So we are under no illusion, as we sit here, that big business, those who are making millions off the health and sickness of our people, will run to the highest courts in the land. This will undo the way many South Africans, including MPs here... Even the MPs here complain daily about the high cost of private health care and the profits that are being made from it. And this is basically the opposite of that.

So, I will say to the hon member anyway, not surprising. Not surprising. I don’t know how many times various Chairs have had to eject him from meetings because of the nature in which, you know ... [Interjections.] ...

Ms E N NTLANGWINI: Point of order, House Chair! No, it’s my right to rise on a point of order. On a point of order, House Chair!

The HOUSE CHAIRPERSON (Ms M G Boroto): Hon Ntlangwini, we are very few in the House. You can just raise your hand or stand up. You don’t just go to mic and stunt.

Ms E N NTLANGWINI: But that is how a point of order is called.

The HOUSE CHAIRPERSON (Ms M G Boroto): No, we are very few I can see you. Let’s follow ... [Interjections.]

Ms E N NTLANGWINI: I’m following the rules ... [Interjections.]

...

The HOUSE CHAIRPERSON (Ms M G Boroto): ... don’t talk back! Don’t talk back please. What is your point of order?

Ms E N NTLANGWINI: What the Minister just said is precisely the reason why we have written a letter against this bullying of Naledi... [Interjections.] ...

The HOUSE CHAIRPERSON (Ms M G Boroto): Hon member, this is not a disciplinary hearing. And that is not a point of order.

Proceed, hon member.

The MINISTER OF HEALTH: Thank you, Chairperson. Mama uHlengwa, just a small correction, you said that 70% of South Africans depend on public health, it’s actually much higher. About 85% of all South Africans are depending on public health. So that’s why to us, this is a matter of life and death. We must defend this public health because this is the lifeline of 85% of South Africans.

And let me just add, many of us also here who have Parmed Medical Scheme and other medical schemes, in few months’ time, it will be exhausted. When you go there and say you want to buy some medicine and whatever, you go to a general practitioner, GP, they will tell you it’s exhausted. And then where do we go? We go back to the public health. So, the dependence on public health, it’s much higher. And we agree

also that we must attend to a number of issues including mental health and cancer.

Hon van Staden, if you want the report – I don’t know whether he is gone now-oh, he is here. If you want the report ... [Interjections.] ...

The HOUSE CHAIRPERSON (Ms M G Boroto): Order, hon members!

The MINISTER OF HEALTH: ... If you want the report on completed infrastructure projects, we will come and report. You just have to talk to the chair of the committee to put it on the agenda that we did the report on all completed projects. We will be able to give you.

Hon Sukers, I’m glad that you raised the issue of nutrition. The malnutrition is so high. I don’t see hon Sukers-oh, she’s there. But this is a matter for the entire government and also the entire society, because preventing and eliminating malnutrition isn’t just a matter for the health portfolio to address. As you said, the cost of living is going up in all areas.

So we accept the fact that this is an area where you’re right to say that some of the damage can be lifelong in terms of stunting, in terms of mental development, in terms of brain development. So that is an area that we... And of course, the government has put in place various nutrition programmes, that’s right. We know that some of them have stumbled. Now, you only become aware of it when it stumbles. But in normal everyday life, millions and millions of children are being fed. Only when it stumbles in a certain area do you become aware of it. Because for you, it’s just a political action.

But those who benefit from it don’t just focus on the one day when the programme stumbles.

Hon Zungula, I am sure for the first time we agree with you on mental health support, including for health care workers. Hon Shaik-Emam, indeed, prevention is better than cure. We are working very hard to make sure that we benefit not only from the training of our young people to be doctors in Cuba, but also from the preventive system of Cuba that we need to embrace as a country.

Hon Wilson, you are always dramatic. You have to look between the drama to make sense of it. Of course, we have never denied

the fact that there are backlogs. We have also never denied the fact that... As I said before, we are dealing with litigation. You do not even wonder why there are backlogs? One of the reasons for the backlogs is that normal health services have been interrupted for the last two and a half years.

Secondly, the health care system is overburdened by various problems that cannot be solved in the health care system. The fact that there are dozens of people who are injured in traffic accidents every day cannot be solved by... It is a social problem. All of us in society need to make sure we reduce drunk driving and violence in communities. It’s not a problem that can be solved by health alone. We all need to work together to reduce the backlog in terms of the burden on our health care system.

In closing, hon Chairperson, I want to say that, we take our work very seriously. We know the challenges; we are aware of the challenges. But we are also aware that this is the mainstay of provision of health care for the majority of South Africans. We have to take care of it, and I am very happy to say that we have a very dedicated team both at the national and provincial level. Thank you very much.

The HOUSE CHAIRPERSON (Ms M G Boroto): Hon Wilson ...

*Afrikaans:*

*...* asseblief!

*IsiNdebele:*

Akhe wehle.

*English:*

Members are reminded that the debate on Budget Vote 37 - Sports, Arts and Culture will take place at 14h00 in the Good Hope Chamber. And the debate on Budget vote 31 - Employment and Labour and will take place 14h00 in Committee room M46.

Hon members and guests, MECs from Limpopo, Mpumalanga, Gauteng and North West, we really appreciate your presence here and that concludes the debate and the business of the mini plenary session.

Mini Plenary rose at 12:02.