**UNREVISED HANSARD**

**NATIONAL COUNCIL OF PROVINCES**

**Wednesday, 10 May 2023**

***PROCEEDINGS OF HYBRID NATIONAL COUNCIL OF PROVINCES***

The Council met at 14:01.

The Chairperson took the Chair and requested members to observe a moment of silence for prayers or meditation.

# ANNOUNCEMENTS

The CHAIRPERSON OF THE NCOP: Allow me hon members to indicate that rules and processes do apply to this hybrid sitting. So, before we proceed I would like to remind delegates of the Rules relating to virtual and hybrid meetings and sittings. In particular, Sub rules 21, 22 and 23 of Rule 103, which provides as follows: That the hybrid sitting constitutes a sitting of the National Council of Provinces. That delegates in the hybrid sitting enjoy the same powers and privileges that apply in a sitting of the National Council of Provinces. That for purposes of a quorum, all delegates who are logged

onto the virtual platform shall be considered present. That delegates must switch on their videos if they want to speak and that delegates should ensure that the microphones on their gadgets are muted and must always remain muted unless they are permitted to speak. All delegates in the Chamber must connect to the virtual platform as well as insert their cards to register on the Chamber’s system. Delegates who are physically in the Chamber must use the floor microphones. All delegates must participate in the discussions through the chatroom. In addition, I would like to remind delegates that the interpretation facility is active. That permanent delegates, members of the executive, special delegates and Salga representatives on the virtual platform are requested to ensure that the interpretation facility on their gadgets are properly activated to facilitate access to the interpretation services. Permanent delegates, special delegates Salga representatives and members of the executive in the Chamber should interpretation gadgets on their desks to access the interpretation facilities.

I have been informed hon members that there will be notices of motion or motions without notice. Hon delegates, before we proceed further, I would like to welcome the Minister of

Health, I see the Deputy Minister is also here, all permanent delegates, MECs, and all special delegates to the House. So, welcome to the House.

Hon delegates we will now proceed to the First Order; Consideration of the Division of Revenue Bill [B 2 - 2023] (National Assembly - section 76) and Report of Select Committee on Appropriations thereon (Announcements, Tabling and Committee Reports, 4 May 2023 p 209). I now call on hon Mahlangu, Chairperson of the Select Committee on Appropriations to present the committee report.

**CONSIDERATION OF DIVISION OF REVENUE BILL [B 2 - 2023] (NA – SEC 76) AND REPORT OF SELECT COMMITTEE ON APPROPRIATIONS THEREON (ATCs, 4 MAY 2023 P 209)**

Ms D G MAHLANGU: Chairperson, Deputy Chairperson of the NCOP, hon members, Ministers, Deputy Minister, Members of executive Council, MECs, permanent and special delegates, fellow South Africans good afternoon. Hon Chairperson**,** it is always my pleasure to table before this august House, a report on the Division of Revenue Bill [B2 – 2023] on behalf of the Select Committee on Appropriations.

The committee adopted the report, while the DA, EFF, FF Plus reserved their positions. Upon the referral, hon members and Chairperson the National Treasury briefed the committee together with the Portfolio Committees on Finance on the Division of Revenue Bill on 08 March 2023.

Hon Chairperson, between 17 and 21 April 2023, permanent delegates briefed all their provinces on the Bill. The committee received and considered negotiating mandates on 26 April 2023, and final mandates on 03 May 2023.

In line with section 72 (1), (2) of the Constitution of the Republic of South Africa and 9(5) (b) of the Money Bills Act, the committee facilitated public participation while proceeding with the Bill. To this end, the advertisements calling for public submissions were published on the parliamentary website and in print media in all official languages.

Hon Chairperson, despite these efforts the committee received only one written submission from the Congress of South African Trade Unions, that is COSATU, who also made an oral submission during the meeting of 22 March 2023.

In accordance with section 214 (4) of the Constitution of the Republic and section 10(4) of the Intergovernmental Fiscal Relations Act No. 97 of 1997, the committee consulted with the Financial, Fiscal Commission, FFS, and South African Local Government Association, Salga, together with the PBO that is Parliamentary Budget Office.

The Committee observed some issues and made the following recommendations, Chairperson:

The Minister of Finance should gazette the allocations in the Division of Revenue Bill, the one on the tables [B2-2023], which amounts to R2,03 trillion of nationally raised revenue, with a nominal increase of R10,4 billion or 0,5% from the adjusted allocation of R2,02 trillion in 2022-23.

When gazetting, National Treasury should amend the necessary health conditional grant frameworks in terms of section 16, to allow funds to be used to address the measles outbreak in the number of provinces. The National Treasury, together with provincial treasuries, should ensure that all provinces develop proper systems to manage the expenditure of their

provincial allocation for 2023-24 financial year according to approved plans and grant frameworks.

Hon members, the National Treasury, together with the Department of Cooperative Governance and Traditional Affairs, CoGTA and their counterpart at the provincial level, should quantify the impact of load shedding on municipalities with a view to make additional resources available during the adjustments budget for municipalities to ensure that interruptions of basic services during the electricity blackouts are minimised and criminal elements are addressed. Hon members, Parliament should continue to monitor progress in terms of addressing the issues raised above through their committees.

Hon members, the National Treasury, together with the Department of CoGTA and their counterpart, specifically in KwaZulu-Natal, KZN and their provincial Treasury, should work out a process to ensure that the long overdue compensation of izinduna is paid out immediately, especially given the fact that the Presidential Proclamation was issued ten years ago. Whilst the committee recognises the impact of budget cuts, it

is of the view that for izinduna not to be compensated as agreed for the past 10 years is highly unacceptable.

Hon Chairperson and members, the National Treasury, together with the Department of Health, provincial health departments and provincial treasuries, should work out mechanisms to address the issues of medico-legal claims, this we’ve been raising time and again in our committee, which are absorbing some of the provincial health departments’ budgets at the expense of other important medical treatments budgeted for.

Hon members, the National Treasury, together with the Department of Health, should expedite the process of finalising discussions around the funding of a plan to address maintenance of all health infrastructure backlogs as recently identified by the department across all provinces.

The committee is of the view that maintenance of health infrastructure and facilities has been a challenge for government and this should be urgently addressed. And Parliament has a responsibility to continue monitoring the progress, in terms of addressing the challenge.

Hon members, the Department of Basic Education, together with provincial education departments, should develop a clear plan and monitoring mechanisms to ensure that pit latrines are eradicated in all schools across the country. The committee recognises the fact that the School Infrastructure Backlogs Grant has been merged with the Education Infrastructure Grant, however implores the education sector to work together to find an urgent solution with specific timeframes to address this problem.

Hon Chairperson, the committee welcomes the finalisation of the function shift of Early Childhood Development, ECD, from the Department Social Development to the Department of Basic Education, it is of the view that the R1,6 billion added to the ECD Grants should also assist to improve remuneration packages for caregivers as part of improving their working conditions.

The National Treasury and the Department of Transport, together with provincial treasuries, should ensure that mechanisms are put in place to assist provincial departments to fast-track their project plans to apply for funding through the Provincial Roads Maintenance Grant for the building of

modular steel bridges in rural areas, particularly in areas which have been badly affected by floods and where school children still travel long distances without scholar transport.

Hon Chairperson and hon members, the National Treasury, together with Cabinet and the Gauteng provincial government, should ensure that decisive action is taken to implement the resolution on the e-tolls, where the province would pay 30% of the debt from its own revenues while the national government would assist with the 70%. The committee believes that this matter is long overdue and needs to be addressed expeditiously by all affected parties.

The National Treasury, hon Chairperson, together with the Department of Communications and Digital Technologies, should ensure that public service institutions located in rural and township areas are prioritised in the roll-out of broadband to accelerate implementation of connectivity programmes for schools and other similar institutions where poor communities across the country would benefit.

Hon members, there is a need to accelerate the pace at which the development of the coastal line is progressing in the Eastern Cape in order to address the impact of the triple challenges and the development of the oceans economy to benefit the local people. The committee is of the view that this should form part of the district development model, if government is to make the necessary impact on the ground, hence the recommendation.

Hon Chairperson and hon members, National Treasury should continue to issue regulations, circulars and guidelines to assist municipalities as well as to conduct training sessions for municipal officials through the Financial Management Improvement Programme, in order to improve financial management and compliance in local government in line with the Auditor-General’s recommendations. Parliament should once more do their work, continue to monitor the progress in a far as the matter is concerned for the implementation of the recommendation.

Hon Chairperson and members, the National Treasury, together with the Department of Cooperative Governance and Traditional Affairs, the South African Local Government Association, Salga

and the local government equitable share task team, should expedite the process of mapping out the modalities to ensure that the cost of providing basic services in municipalities is accurately reflected in municipal budgets. Parliament, once more hon Chairperson, should continue doing their to monitoring in a far as the implementation of this recommendation is concerned.

While welcoming the decision by government to streamline the process to promptly respond to disasters and floods based on the KwaZulu-Natal experience, the committee is of the view that the National Treasury needs to ensure that proper consultation is conducted with all stakeholders, including the Salga, when such changes affect other spheres of government.

The committee believes that the budget forum is also an important structure that needs to dedicate enough time to discuss issues reflecting local government.

Hon Chairperson and hon members, the National Treasury, together with the Department of Transport, provincial treasuries and cities earmarked for the Public Transport Network Grant, should ensure that mechanisms are developed for

municipalities to improve expenditure as well as comply fully with the grant framework, comply fully! Parliament has to make sure that this is being followed and with the assistance of the legislatures.

Hon Chairperson, the National Treasury, together with the Department of CoGTA and Salga should continue to develop the necessary interventions to assist the 90% of municipalities in financial distress; and in particular the 27 that, according to the COSATU, are not able to pay salaries for workers and transfer deductions. This not going to be acceptable and we need to do our work together with the legislatures.

Hon members and Chairperson, the committee believes that a proper review of local government transfers is needed, especially of the vertical division of revenue, taking into account the increasing number of dysfunctional and financially distressed municipalities across the country, the factors of geography and rurality and the nature of local development; to ensure proper equitable sharing of nationally raised revenue amongst the three spheres of government. This should include re-examining the assumptions in the Local Government White Paper of 1998, their current relevancy needs to be relooked.

Hon Chairperson and hon members, the committee supports the proposed increased allocations to rural municipalities to deal with historic infrastructure backlogs; and believes that provinces with such backlogs need more investment in rural communities to fight the harsh realities of the triple challenges, causing an influx into the big cities. We’ve heard what was said yesterday here.

Hon Chairperson and hon members the committee reiterates its previous recommendations that any shifting or restructuring of conditional grants from direct to indirect grants, requires a clear case-by-case analysis instead of using a blanket approach, as well as proper consultations with local government, with capacity to implement at the centre.

Hon members, a big portion of the increased grant allocations to local government is in the form of indirect grants, meaning that municipalities will not have control over the funds, and this may result in a function shift without due processes.

While I am concluding hon Chairperson, National Treasury should consider the Salga’s inputs on this matter, as well as the study conducted by the FFC, to enhance the process.

Let me close by thanking the hon members, for being committed and also being cooperative to avail themselves when expected to do so in the awkward hours. Also thanking the support staff. Thanking the stakeholders, the media and the public in general. Thank you very much.

*IsiNdebele*:

Ngiyathokoza Sihlalo.

*Declarations of Vote*:

Ms C LABUSCHAGNE: The moment the Western Cape rises, hon Carrim also wants to do a declaration. Get used to it. Hon Chair, the Division of Revenue Bill of 2023 raises some serious alarm bells. During our committee discussions almost every single province again raised concerns with the calculations of the equitable share at both local government level as well as at provincial level. We are repeatedly told that Treasury is reviewing these formulas, and we are repeatedly disappointed by a lack of any result.

The Budget Forum is clearly not doing what it was intended to do and the result is increasing dissatisfaction with the way funding is allocated. The cost of delivering basic services

has increased dramatically, with bulk electricity and bulk water purchases far exceeding inflation and indeed the annual increases in equitable share. The cost of fuel has also increased dramatically, and this is a major cost component in the delivery of services.

The result is a reduction in service levels and an increasingly dissatisfied ratepayer and resident. This makes revenue collection even more difficult than it already is in a time of economic hardship. This same economic hardship is resulting in more and more residents registering as indigents, increasing the need for equitable share.

Chair, a further matter relates to grant funding. Much of the trumpeted increase in funding to provinces and local government is in the form of indirect grants. So, really it is not an increase for these spheres, as the national departments still control the spending. Furthermore, where the direct grants are increased, it is mostly increasing far below inflation rates resulting in a real contraction. There does not seem to be any adjustment for population migration.

We also see that provinces and municipalities that have proven themselves to be prudent and effective are not rewarded. There is no incentive for good governance, but rather the governments that are well managed seem to be penalised – how else do you explain the fact that the province with the third highest population receives only the fifth highest share of budget? Is it a case of rewarding bad behaviour or is it politics? The Western Cape supports neither the report nor the Bill. Thank you.

Mr Y I CARRIM: I rise on behalf of the KwaZulu-Natal province to say firstly that typically, hon Labuschagne is sounding alarm bells and so on, but actually what she says is exactly what our chairperson said ... [Inaudible.] ... hon Dikeledi Mahlangu adversarial to what’s in the report. Absolutely every issue she covered is in some form or another covered by the chairperson.

Chairperson, it might come as ironic even to me to say this, and I understand if that’s what you feel and others too, but actually I do believe we are not a National Assembly and we shouldn’t be so adversely. We are meant to be working around provincial and local governments’ interests, whatever our

party political background is. The EFF can mutter and blaster but it is a lesson for them too.

Here is an example of what the Western Cape or the DA is saying. I hope their Minister and Deputy Minister are listening to us because they know full well ... I know the Deputy Minister was playing a different role but he is an MEC there and is a senior member of the Provincial Executive Committee, PEC, and he knows this. We have been raising this thing. Chairperson, you and I are also guilty. When the White Paper came I happened to be chairing local government in March 1998. It is ancient history, but then we were wrong, Chairperson, and I will take responsibility on that. We were wrong because we did not sufficiently allocate money to local government. The 1% increase is welcome but our chairperson and even the DA said it is not enough.

Chairperson, you know that the municipalities are dysfunctional and in distress, but we keep saying, as Treasury would argue and they are right, you can’t fling money at local government because they often don’t use the money productively and effectively. You can’t throw money at them. The more they use money effectively and productively, the more we should

give it to them. Which is why our chairperson says that it should be on a case by case basis. You can’t just fling the money.

If a municipality, small or big, is using the money effectively then they should be given more money. If a municipality is not using the money properly and abusing it then they are not given the money. She’s right though, Mrs Labuschagne, everything she says means that we should vote for the report. Why are you not voting for the report? That is puzzling and impossible to understand. So ... [Interjections.][Inaudible.] ... Thank you very much, Chairperson.

I’m happy to speak for longer, but you know, I’ve heard what you said before and I am bored listening to myself. Thank you very much.

Voting

[Take in from minutes]

Bill accordingly adopted in accordance with section 65 of the Constitution.

# APPROPRIATION BILL

(Policy debate)

Vote No 18 – Health:

The MINISTER OF HEALTH: Chairperson, hon Amos Masondo, our Deputy Chairperson, hon Sylvia Lucas, the Chief Whip of the NCOP, my colleagues, Deputy Minister Dr Dlomo, the Chair of the Select Committee on Education, Health and Social Services, hon Nchabeleng, my colleagues, MECs present here physically, Limpopo, Mpumalanga and those on the virtual platform, hon members of the NCOP, let me thank you utterly for the opportunity to present the Budget Vote No 18 – Department of Health in this House, the NCOP, which is a House much closer to our citizens by virtue of direct representation here, just as witnessed a while ago of our provincial legislatures.

Today, the 10 May, is exactly 29 years since the founding President of a democratic South Africa ascended to the podium at the Union Building to take oath of office. In that historic occasion, witnessed by a galaxy of world leaders, including the late President Fidel Castro, late President Muammar

Gaddafi, late President of Zambia, President Kaunda and a host of other luminaries, President Mandela at the conclusion of accepting the office and the oath said:

Never, never and never again shall it be that this beautiful land will again experience the oppression of one by another and suffer the indignity of being the skunk of the world.

The sun shall never set on so glorious a human achievement! Let freedom reign! God bless Africa.

In just a year after assuming office as President of the Republic, he announced to our nation that as from May 1995, all pregnant women and children under the age of six will receive free services at all public health facilities. A few years later his government, through the Minister of Health, also decided to abolish all payments of fees at all public services for primary healthcare services. That is still the case up until today. It is therefore in no way a small way due to President Mandela’s intervention that our health outcomes have been improving since that time, especially maternal mortality and under five mortalities. All these outcomes have improved since that period.

Incidentally hon members, as we are meeting this afternoon, since Monday on the 8, as a country, we are hosting a conference focusing on these very matters which President Mandela dedicated his government to focusing on making sure that mothers and children can get good quality services. We have a conference just across here at the International Convention Centre, ICC focusing on maternal, new born and children’s health, hosted by a number of organisations under the auspices of the World Health Organisation.

As we present our budget here, another major development is the fact that six days ago, as we all know that we are all just recovering from COVID-19 pandemic, a mere six days ago, on Friday last week on the 5, the Director General of World Health Organisation announced that under the auspices of the International Relations Emergency Committee, which had met on the 4 May, by taking the decision that based on their assessment, that the COVID-19 no more constituted a public health emergency of international concern. That was based on evidence available to them, as hon members also here will attest to the fact that we are no more under the kind of pressure which this pandemic put on all of us. For the mere fact that today we are able to assemble in this House

physically, even though others are on hybrid, it against attest to the fact that indeed what the WHO is saying is indeed true. That COVID-19 has really abated as a major public health emergency and as a pandemic.

But we want to caution - never the less - that while we appreciate this development, we want to caution this House and the public at large that this lifting of this declaration does not mean that COVID-19 is over, as we still record number of daily infections, although at a much lower level. All that this declaration says is that this virus has now become endemic in our midst. In other words, it is taking the same kind of direction as influenza and other respiratory diseases. But the important thing to note is the fact that for those of us over the age of 50, with comorbidities, it’s still a risk. You can still get seriously ill.

Therefore, because of the fact that over this period, we are able to develop vaccines, which have shown to be very effective, we would want to urge hon members and also members of society at large that it’s still very important, especially for those vulnerable, including those on immunosuppressant treatment, to come forward because we still have a lot of

vaccine to get their boosters. On average, every six months, we should get our boosters until such time that really this disease has totally abated.

I want to take this opportunity to thank all of us, including hon members, for the role which you played because the mere fact that you have arrived here after all the devastation, is because of the fact that all of government, all of society worked together in dealing with this at the hype of the pandemic but also in the rollout of vaccinations. So, we thank you hardily. We also want to thank our leader of the state, President Ramaphosa and his Cabinet, premiers, mayors, and within the leadership of society as a whole. So our task going forward is to make sure that we protect ourselves working together with the other leaders in Africa and also in the world.

Coming back to our budget itself, the allocation to our sector has also been affected by the consequences of the pandemic and also other subsequent issues. The pandemic didn’t only have an impact on our health, but on all of society. But also on our economy, even though there has been leaps and bounds in the performance of the economy, overall there has been a severe

impact on the growth of our economy and therefore revenue collection. As a result of that, our allocation over this particular financial year and going forward, has been declining, and this is indeed a cause for concern. It is a matter which, as hon members were talking about National Treasury, they also, being the custodians of or purse, have acknowledged the fact that health has been underfunded. Their estimation is that it is in a range of about R11 billion. We think is much higher. We estimate, just for this financial year, in terms of not taking consideration of inflation, that we have lost about R14 billion and above in terms of the allocation to our sector.

Overall, in terms of the total allocation for this year, the national department has come down by just over R4 billion.

Much of it which can be attributed to the reduction in vaccine allocation and other matters relating to Covid. But we also are conscious to the fact that also in terms of allocation in other areas have reduced. Hon members, just to indicate to you that out of just over this R6 billion, just under 90% from the national Department of Health will be allocated as conditional grant and other transfers to provinces. So your job is well cut out in terms of oversight of this 90% of funds out of the

R60 billion. Just over R56 billion will be going to provinces for various functions of the health sector.

Notwithstanding these challenges, I want to just allude to a number of areas where there has been progress. We would have loved to have more progress. But just to indicate that nevertheless, progress has been made and we have plans to make sure that we have further improvements. Human resources is very key in the area of provision of health services. We can have all the infrastructure, all the equipment’s, but if we don’t have all the adequate human resources, we will not be able to deliver good quality health services. I am happy to say to this honourable House here that there has been significant improvement if we look over the last seven years. Just to give one particular area as an example, in the area of medical personnel. Just to give an example that in 2015, we would employ just over 1 500 medical interns. But when you look seven years later in 2022 and also in January this year, we are now in the region of over 2 600. So from 1 500 ... over a 1 000 interns more over a seven-year period.

If you go to medical community service doctors, you find the same increase from a range of about 1 300 to now over again a

1 000 more. About 2 300 more community service doctors are being employed. I am sure hon members also from your provinces, there is still concern that some of our provinces have not even been able to absorb some of their medical officers who qualified after doing their regulatory requirements of community service. Some also who have been in bursaries. But we are addressing this.

We are working together with South African Medical Association and especially the Trade Union component. We have sat down with them to ask them to give us the names of those doctors who completed all these regulatory services and are not having posts and we are addressing that one by one. Thanks to our colleagues form other provinces who came forward and provided where there are still vacancies so that these highly required medical officers can be deployed.

On the nursing side as well, a lot of progress has been made. We are rolling out the changes in the training of nurses. Also there were some challenges in terms of doing posts basic diploma going into ... because we also need specialists in the nursing area. We need specialists’ nurses in the area of theatre nurses, midwives, in the surgical area, orthopaedics,

and all those specialities. There have been some difficulties after the changes in the curriculum but all these are being addressed by the South African Nursing Council and Council on Higher Education. So, indeed we still have challenges in as far as the funding. The needs out there are huge and there are opportunities for further deployment of more health personnel. But of course we are constrained by the budget allocation.

I must just say to hon members that we are also concerned that

- members would be aware that earlier around March during the course of the public service strike - there was an agreement which was signed in the Public Service Bargaining Council, between the Minister of Public Service and the Trade Union.

Although not all Trade Unions came to the party, but the majority – about 56% of the unions which are in the public service – accepted an offer which gave an increase of 7,5% overall. But was is concerning for us is the fact that there is an indication from the Minister of Finance that these funds are going to have to be recouped from ourselves. So they are saying that we are going to have to recoup these funds by savings. Now what this means is that we must reduce headcounts, while on the other hand from our side we want to deploy more personnel.

So these are the matters that we going to have to interrogate with our colleagues in National Treasury. In the area of infrastructure, we are also rolling out various programmes and projects to support colleagues in the provinces because as we all acknowledge that many of our facilities are quite old, some of them have not been so well maintained, but we also need new facilities. So within our allocation, as the chair of appropriations was talking here, also within our sector, we do have support through conditional grants. Amongst those is also infrastructure grant, there is a direct grant, which goes directly to provinces in this regard.

For this financial year, we will be sharing amongst all the nine provinces an amount of R7,2 billion which will go directly to provinces on agreed projects to make sure that they can upgrade the clinics, community health centres, hospitals, including even some of the specialised hospitals. Over and above that under the auspices of the National Health Insurance Grant, which is an indirect grant, we will be working together with provinces to support directly where we will be managing together. Some of those projects, again within the category from primary right up to higher levels, R1,4 billion will be shared amongst all the nine provinces.

In this regard I can also just indicate quite firmly that a very long standing project of giving Limpopo also a central hospital will be starting in a few weeks’ time. We are just finalising. Everything has been done. The site has been allocated. The contractor is on the ground. We will be starting the construction, together with the province, of the long well awaited central hospital of Limpopo, which will provide very good intervention. When it is completed by 2028, it will start to alleviate the pressure of lot of referrals from Limpopo to Gauteng because a lot of specialities will now be able to be done, including more capacity to train doctors, nurses and other health professionals.

But a number of provinces in this regard will be gaining just in terms of projects which are already in the ground. Hon Ndongeni will appreciate the fact that in the Eastern Cape, we do have two or three Zithulele hospital, Bambisana hospital.

In the Free State we do have projects, and all over the country we work with colleagues to support the infrastructure at the upgrades. I must also indicate that because of the fact that there are still a lot of inefficiencies, both in terms of speed or delivery, I think that when we discuss local government, this also came up. We also experience the same. We

want to improve the speed of delivery and the quality, and also the cost. Because it is still very costly for public infrastructure to be erected as compared to private infrastructure. So we have put a lot of pressure on our technical team to say that this must come to an end. Where it is possible, where we can just use modules ... because a lot of these costs are going into planning and design. Whereas we can agree that a small clinic should be off, these various designs, community centres can be this, district hospital, these are the choices of design you just pick and you save on new designs all the time and new project management. So these are some of the things which we are addressing.

Primary healthcare is very key in terms of improving our quality of services. So again, I am sure when we reported to you on various occasions whether it’s our annual report or on our annual performance plan, we have indicated that a very key programme in terms of improving primary healthcare services, is the whole approach of saying a concept of an ideal clinic and there are various aspects which we would have to meet to be called an ideal clinic in terms of services, in terms of infrastructure. For instance, you must have a source of water, generator, proper signage, but also in terms of how you

organise your services. Then there is points which you must score.

We did have some bit of regress during the course of lockdown and so on. But I am happy to announce that we are picking up the pace again in terms of rolling out ... making sure that many of our primary health facilities do achieve the ideal status. We hope in the current year 200 more PACs will also be assisted to achieve their ideal status, which will result, at the end of this financial year from 2 000 to 2 400 facilities which will become ideal. Also, in terms of that we have to improve the digital health information in our primary health facilities. A lot of progress has been made. A programme which is called health patient record system has already been rolled out in quite a big majority of our public care facilities.

Over 3 000 of those include clinics, health centres and also hospitals have already been at the rollout which will change the amount of time people wait at clinics because their records will be digital and they will be able to be retrieved much quicker. So we are very close to finalising this and this will make a lot of difference.

Emergency services are very key. Many people complain about the time it takes when you call an ambulance, so we are working, there is particular standards where all provinces are measured accordingly in terms of the regulations which guides how to make sure that your emergency services are up to scratch. One of the things which we are dealing with ... one of the areas which we would be looking at is to make sure that the vehicles which are running these services can be repaired speedily.

As I conclude, just to assure the members that the issue which has been raised in the reports earlier on about medico-legal case. We are working hard with our colleagues to make sure that we can reduce the costs. So in conclusion, I want to call on the members to say that the NHI Bill is in the National Assembly, it is on the way to you. This is our intervention to make sure that we can achieve universal health coverage. I am urging all members, I know some parties are hesitant, please be assured that this is really revolutionary opportunity for us to transform our health system and make sure that all South Africans can be able to acquire good quality services without having to pay at the sight of services. So we are looking

forward and we are urging members, when this time comes, please support the NHI. Thank you.

Mr M E NCHABELENG: Hon Chair of the NCOP, Ntate Masondo, the Deputy Chair of the NCOP, Mme Sylvia Lucas, the member of the executive council, MEC, of Health from Limpopo my MEC, Dr Phophi Ramathuba, and the MEC of Health from Mpumalanga, Mme Manzini, hon members and all ladies and gentlemen, the Budget Vote Policy debate on Health takes place after we have overcome the health disaster of the coronavirus pandemic which continues to exist but is less of a danger now. The capabilities we have developed and the best practices we have gained in this war against coronavirus disease, Covid-19, should be deepened in improving our health system. The health pandemic also demonstrated the gaps in our health system and we should continue to respond to the gaps identified. We need to close those gaps. We applaud the health workers and all health sector workers for being servants of the nation who protect our wellbeing. The progress we have experienced as a nation in addressing various challenges from communicable and noncommunicable diseases requires our reflection.

We have increased the life expectancy which has been greatly impacted by human immunodeficiency virus, HIV, and acquired immunodeficiency syndrome, Aids. The main indicator of the effect of Covid is the fact that life expectancy at birth for males declined from 62,4% in 2020 to 59,3% in 2021, which is a

3,1 year drop and from 68,4% in 2020 to 64,6% for females that is 3 years eight months drop. We are confident that these health outcome will improve as we are beyond the deadly pandemics effect. Our effort to eradicate HIV and Aids through the current 95-95-95 targets should be continually strengthened to protect the girl child and South Africans in general. HIV prevalence was highest among sexually active women in the age of 25 to 29 and to 45 to 49.

We must develop programmes which respond to these age groups that are most vulnerable. We must also recognise that women who are already on antiretroviral therapy at antenatal first visit increased nationally and in all provinces from 2018 to 2020. At national level the rate increased from 61,7% in 2018 to 71,5% in 2020. The highest rate of clients already on antiretroviral therapy, ART, at first antenatal visit in 2020 was reported in Western Cape that is 77,6%, followed by Free State at 77,4% and KwaZulu-Natal at 76,6%. This is an

important indicator of having a preventative health care system. We encourage women to always timely visit health facilities for prenatal care, this is critical in protecting the wellbeing and health of the unborn baby.

We also recognise some of the key areas related to maternal issues of the maternal mortality in facility ratio. The ratio peaked in 2012 at 144,9 deaths per 100 000 live births and has since observed a gradual decline to 88,0 deaths per 100 000 live births in 2020. Our health system has also created programmes to support children through immunisation and vaccination which protect the health of children. In South Africa’s context, the contributor to child mortality due to HIV is as a result of noncompliance to antiretroviral treatment, as opposed to failure to detect the HIV. Our immunisation rate as a country was estimated at 77% in the year 2018. This progress is as a result of implementation of policies to improve maternal health care which our health system has made quite some impact on.

Another cause of mortality affecting our society is cancer which was reported in 2019 amongst females accounted for 51,3% that is 43 811 of diagnoses of cancers were diagnosed in males

accounted for 48,6% that is 41 491. The median age at diagnosis of cancer was 59 years for females and 64 years for males. We need to ensure that we continuously take health check-ups to ensure health interventions at early stages. One of the health demanding areas is fatalities which usually impact health facilities. Approximately 90% of fatalities involved adolescents categorised as pedestrians and passengers. We must ensure that we do not allow young people under the age of 18 without a learners licence to drive a car without a person with a licence and bar those without licences to drive a car.

The level of health inequality in South Africa is coursed by the skewed distribution of health expenditure in South Africa. The National Health Insurance is a policy intervention for equitable distribution of health expenditure creating a significant backlog in public health care. We welcome the ongoing efforts of the department to strengthen the health care system through investing in infrastructure, health equipment and human resources for health. It is a principled issue for us that fast-tracking the improvement of human resources for health care is critical. By keeping an eye on the medium-term execution of the human resources for health

plan, South Africa may be assured that it has an adequate number of trained human resources that are evenly distributed throughout the nation and levels of care ... [Interjections.]

The CHAIRPERSON OF THE NCOP: Let’s proceed.

Mr M E NCHABELENG: What are ... [Inaudible.] ... The ANC is convinced that achieving justice and equity in health care is important. As a result, we have emphasised the need for National Health Insurance, a procedure that is still being discussed in Parliament. The Minister said is in the National Assembly, NA, it will be referred to us and I guess it will be done before the end of our term, which would provide universal health care coverage. Without giving all South Africans, regardless of their demographics, the same opportunity to obtain high-quality health care, it is possible to obtain comprehensive justice.

The past few years have seen government and various stakeholders robustly deliberate on the different perspectives as it relates to the finalisation of the National Health Insurance Bill. It is as such one of our responsibilities as this administration to provide leadership and direction on the

finalisation of this process, the point of departure for this being the necessity to advocate for the required reform in the health sector towards the attainment of equitable access to health care in this lifetime.

The main components of providing health care services are integrated health systems, health infrastructure, and financing. Due to the expected ability of the National Health Insurance roll-out to pool financial resources and distribute health resources fairly, the proposed Budget Vote prioritises strengthening primary health care as a first point of reference for access to the health system, working with provincial departments to expand health infrastructure across the nation, and planning for the implementation of our National Health Insurance.

We need to build a preventative health care system than a reactive health care system because it does not reduce the disease burden of a nation. A preventative health care system like that of Cuba, improves the wellbeing of citizens as sickness and mortality rates are reduced thus having a health nation. The improvement of the quality, efficacy, efficiency, and responsiveness of health systems is a top objective in the

effort to achieve universal health care. Mechanisms for developing good governance practices and assessing their effectiveness have been the subject of continued discussions that take into account issues focused on structures and, in some cases, health consequences.

As it should be a departmental prerogative to ensure that the various governance systems that exist enable the building of a system that is improved and is more accessible to dealing with the complex health challenges that the country is confronted with. What is also critical for the success of the NHI is improving the health system through increasing human resources capacity and infrastructure development and adopting various health technologies to improve health care services. We need to assess the technological and digital opportunities to enhance health provision. We are confident that the department will continue to address these areas as their adequately funded for through the health care facility revitalisation grant and the National Health Insurance indirect grant.

In conclusion, Chairperson, as the African National Congress we support the Budget Vote to improve the living conditions of

children, youth, adults and old age citizens to live a healthier life for all the people of South Africa.

*Xitsonga:*

Ndzi khensile.

*IsiXhosa:*

Ndiyabulela.

The CHAIRPERSON OF THE NCOP: Thank you very much, hon Nchabeleng. As the next speaker, hon Bara, come to the podium, hon Lucas will take over the Chair.

*IsiXhosa*:

Mnu M BARA: Masibulele Sihlalo. (Thank you Chairperson.)

*English*:

Hon Chairperson, hon Minister, Deputy Minister and hon members thank you for the opportunity. It is disappointing to see that a major focus of this year’s budget is not the reprioritization of maintenance with the aim of revitalising the country’s health delivery platform, which no doubt would have limited the impact of load shedding on the delivery of

health services. This could have included, among other priorities, improving the energy independence of health facilities by installing backup power supplies such as solar and retro-fitting health facilities with energy efficient equipment.

With reductions to HIV and Aids and tertiary services conditional grants and our coverage of HIV services relatively high, there is an urgent need to refocus the grant to prioritise increasing ARV enrolment to 7 million people. It also presents an opportunity to increase coverage for noncommunicable diseases such as diabetes, by actively screening people living with HIV who are already active users of the public health system.

It is crucial to note that with no increase for the current financial year, it will not allow for the recruitment of additional staff needed in the public heath, but will only maintain existing staff levels. We need to refocus the publicly funded health system to progressively expand and provide essential health services and improve the quality and efficiency.

Good governance in health is supported by ensuring that decision-making is informed by the best available evidence. With the outbreak of COVID-19 many people saw it as a quick way to enrich themselves and thus far, we have not heard any serious consequence management plan towards them even though a Special Investigating Unit, SIU report was drawn and submitted to the department on the COVID-19 pandemic procurement irregularities.

In January 2023, information emerged of alleged bid-rigging in the R486 million lease for the department’s new head office.

This is but one of many ills that engulfs the department on corruption and irregular expenditures. We need regular updates on how these have been dealt with so as to bestow faith in good governance of the department. Minister, it is critical and urgent that these individuals are brought to book.

Child death is a huge concern that must be dealt with by the Department of Health. Nationally, the reports indicate that a total of 178 445 children died over the past decade in public hospitals throughout the nine provinces. The causes of death range from pneumonia, diarrhoea and of even more concern is

the fact that 12 582 died of severe acute malnutrition. An urgent intervention in this regard is required Minister.

We have noted with concern the recent strikes by Nehawu in March 2023, affecting health services being provided to the general public. This caused disruptions in the provision of services to the public. We call upon the Minister to engage with the union in order to avoid such actions taking place again. Those who do not participate in strike action should be protected at all times from any form of intimidation. Long term agreements should be explored in order to avoid strike action in our health institutions.

There are reports on the current situation at the forensic chemistry laboratories, especially with regards to case backlogs, infrastructure needs, staff vacancies and low morale. These come from years without being addressed by the Ministry. Many health institutions are understaffed and that creates pressure on those on duty. We need to strengthen human resources to be able to address the shortage of staff including nurses and doctors. That would assist to lower the burden and boost the staff morale to deliver best services.

Post-COVID-19 pandemic we need a viable implementation of mental health management, promotion, prevention, treatment and rehabilitation. We need clear timeframes on various interventions to radically address the improvement of mental health services and delivery. The number of counsellors and psychologists providing support to schools, through both direct appointments and through district-based support teams are significantly higher in the DA-run Western Cape than other provinces. Schools can serve as an important point of contact between children and the provision of mental health services. Schools should therefore be used as an environment through which the mental health of our future generations can be protected and improved.

Minister, the sooner urgent issues are dealt with at Charlotte Maxeke Hospital the better. Matters relating to staffing should be addressed timeously while reconstruction of the hospital takes its course. Staff equalling the number of beds namely nurses, doctors and administration should be sorted with immediate effect. Oncological treatment should be prioritised to keep up with the demand while reconstruction continues. Another issue is to crack down on criminal syndicates operating in our hospitals which needs to be

uprooted. The crumbling hospitals in Gauteng as highlighted by MPL Jack Bloem are a shocking revelation of the lack of maintenance, but this is the situation almost in all provinces throughout the country.

The financial feasibility of implementing the National Health Insurance is still unclear and a huge risk to the fiscus in a post-COVID-19 economy that is dealing with recession, load shedding and high unemployment rates. Minister, it has been proven time and time again that the National Health Insurance, NHI will fail, something your government is oblivious to, but if this failure is to. But, if this failure is to be implemented, what will take place in terms of what medical schemes can and cannot offer members during the transition period and after the undefined date?

In conclusion, the pandemic showed that a lack of transparency, good governance and expert advice can be detrimental to the Ministry and to the general population of South Africa. Corrupt procurement contracts for essential services could become the norm if you don’t put the department in order. Come 2024, a DA government will be able address

these key challenges that South Africans face. Thank you so much.

Ms M METH (Eastern Cape): Chairperson of the NCOP, hon Masondo, Deputy Chairperson of the NCOP, hon Lucas, Chief of the NCOP, hon Mohai, hon Minister of Health, Dr Phaahla, hon Deputy Minister of Health, Dr Dlomo, Ministers and Deputy Ministers present, Chair of the Select Committee on Health and members of the committee, hon members, special delegates representing provinces here today, members of the South African Local Government Association, SALGA, fellow MECs, ladies and gentlemen, good afternoon.

We welcome the opportunity to deliberate and debate the 2023- 2024 Budget Vote as tabled by Minister Paahla yesterday. Let us first thank the National Department of Health under the capable leadership of Dr Paahla and Dr Dlomo and former Minister Dr Mkhize for the role it has played in supporting provinces, particularly the Eastern Cape, at the height of the covid-19 pandemic.

We welcome the decision by the World Health Organization to declare that covid-19 is no longer a global health emergency.

We take our hats off to healthcare workers, particularly nurses, whom we will be celebrating on the International Nurses’ Day on Friday under the theme: “Our Nurses, Our Future.” We also salute all frontline workers who wave after wave of covid-19, pushed it back and saved hundreds of thousands of lives. We remain indebted to them.

We have noted the budget allocation decline of R4,4 billion from R64,5 billion in 2022-23 to R60,1 billion in 2023-24. The budget cuts mean government will have to continue to walk on the tightrope and do more with less, working with social partners and donors.

Hon Minister, the Eastern Cape Department of Health is working on a new nursing curriculum. Currently, there are 292 nursing students enrolled Lilitha College of Nursing for the 2023 intake. In the Eastern Cape, the first ever class of the new nursing diploma commenced from 7 March, 2023. This has successfully taken off in all the colleges, five of them, the main campus of Gqeberha, East London, Komani, Mthatha and Lusikisiki. The major conquest is to obtain accreditation of the one-year higher certificate in nursing, which will ensure we have a guaranteed supply of auxiliary nursing categories.

During February 2023, a joint statement of the South African Nursing Council and Council on Higher Education, announced a reprieve where nurses armed with legacy qualifications on National Qualification Framework, NQF, Level 6, can now directly access the post-graduate diplomas in nursing pitched on NQF Level 9, thereby granting a temporary waiver for our Lilitha College of Nursing. The college is now organizing itself to develop curriculums for priority post-graduate diplomas.

Joint efforts have been taken between the Eastern Cape Department of Health Human Resource Development, and the Nursing Services Directorate. Which brings in a crusade of establishing the clinical education training units. These units are an essential component of a new nursing education regime. They will ensure a structured platform for clinical education practice for both serving and student nurses. This will go a long way in improving the quality of our nurses by continually sharpening the skills of nurses in practice.

The Lilitha College of Nursing continues to be a 100% state- funded tuition for students. This is part of the caring ANC- led government’s effort of opening the doors of learning as

committed in the Freedom Charter. We want to also urge parliamentarians to pass the National Health Insurance, NHI, Bill so that we all level the playing field. The NHI is South Africa’s chosen route to achieve universal health coverage.

The NHI will ensure that everyone, regardless of their station in society, has access to the same quality of care. Only the haves will be against such a progressive policy.

Before 1994, quality health care services were only for the chosen few, based on the colour of their skin. That is no longer the case, as the caring government of the ANC, voted by the majority of the people of South Africa, has delivered and continues to deliver quality services to everyone, both in rural and urban areas, black and white. Looking back now, we can boldly say life is better today than it was before 1994.

One of the great gains of this people’s government is the fact that everyone, not a select few, has a right to quality health and care services. This is guaranteed by our heralded Constitution, where section 27 states that and I quote:

Everyone has the right to have access to health care services, including reproductive health.

Hon Chair, we partake in this debate inspired by the African proverb which says and I quote:

If the lion doesn’t tell its story, the hunter will.

Deputy Minister, Dr Dlomo, was spot on when he said, Central Chronic Medicines Dispensing and Distribution, CCMDD, creates an alternative access to chronic medication. At the end of February 2023, the province had 395,151 patients on the CCMDD programme. These patients are able to collect their chronic medicines either through a first lane at our health facilities or at one of the 234 non-health facility sites, such as private pharmacies and general practitioners in the province. The department has reached an agreement with the Methodist Church of Southern Africa to open a pickup point at their facility in OR Tambo District and 1 449 clients are collecting their medicines from the site. They are targeting to increase the number of pickup points in the following years. And also add another 48 778 patients onto the CCMDD programme this financial year. We invite other faith community-based organizations, business and traditional leaders to work with us to open up pickup points in the communities.

One of the members, certainly, the Deputy Minister and his mineral resources and energy employment and labour counterparts recently embarked on a successful Ex Mine Workers’ Intervention Programme in the Eastern Cape, following our own that we did last year in October. As a major labour

... [Inaudible.] ... area, the Eastern Cape accounts for a big number of those who spent years working in the mines and ensuring that they keep the economy moving. Some left the mines in caskets and coffin, others developed illnesses like tuberculosis, TB, and silicosis because of the poor conditions they worked under. Others went back home without their Provident Fund pay-outs. Through this Ex Mine Workers Intervention Programme, we are ensuring that people will get what is rightfully theirs. The Eastern Cape was for many years treated as a labour reserve for the mining industry. We have too many of our people working in the mines.

The Eastern Cape Department of Health plays a centric role in the implementation of the Eastern Cape Ex Mine Workers Intervention Programme. A programme initiated by the Premier of the Eastern Cape Mr Mabuyane and adopted by the national government and the programme is being rolled out across the entire South Africa. Working together with the Eastern Cape Ex

Mine Workers Council as the ... [Inaudible.] ... population, we are taking responsibility for a rollout of the occupational health services in this programme. As a caring ANC-led government, the Eastern Cape Department of Health’s role in the Ex Mine Workers Intervention Programme is primarily about balancing the provision of public health care services for the benefit of ex mine workers and unlocking more R3 billion possible unclaimed social protection benefits for the Eastern Cape in the next three years of 2023-24 to 2025-26.

The Eastern Cape province has also championed this programme and prioritised an intervention programme to benefit these ex- mine workers, but for all of them in the entire Southern African Development Community, SADC. We are saying as the Eastern Cape, we are at the lead. Our province is doing this by working together with the community of the ex-mine workers through the SA Mine Workers Association and the Eastern Cape Ex Miners Council.

In conclusion, the partnership that we have with the SA Mine Workers Association and the Eastern Cape Ex Miners Council and the unwavering support of the provincial government and national government, we are in the right track to ensure that

the TB cases in the mines and its legacy implications by 2030 is being redressed. Because of time we cannot say everything, hon Chair. However, we have played an instrumental role as the Department of Health in unlocking more than R400 million paid by Tshiamiso Trust to the ex-miners. This is part of more than R1 billion already paid in the SADC region, through the premier’s provincial steering committee established partnership with our department ... [Inaudible.] ...

We are honoured to say you are turning the tide for the ex- mine workers. We welcome the Budget Vote as delivered by the hon Minister. Thank you very much, hon Chair.

Ms N E NKOSI: Hon House Chair, hon Minister, hon Deputy Minister, MECs, hon members present, health research plays a very important role in the process of health policy-making, considering that health is a sector that is generally complex and is heavily reliant on scientific research, in order to facilitate the kind of quality interventions that are needed in order to improve health outcomes and increase both the quality and length of life in countries. There are global disparities that exist in the health sector, specifically as it relates to general access to health care, but also as it

relates to the micro-complexities that exist at local and household levels.

Systematic disparities between the health status of various demographic groups are known as health inequities. Differences in the health status or the distribution of health resources among various population groups that result from the socioeconomic circumstances of birth, development, living, working, and aging are known as health inequalities.

Significant social and economic consequences are associated with these injustices for both individuals and countries.

There is strong evidence that a person’s health is significantly influenced by social characteristics such as education, employment status, income level, gender, and ethnicity. There are significant differences in the health status of various social groups in all nations, regardless of whether they have a low-, middle-, or high-income.

In light of this, it is essential for health practitioners at both a clinical and administrative level have the understanding of the broader socioeconomic issues that have a bearing on access and the delivery of health care services. In

the broader context of macroeconomic policy, and that of this Budget Vote Debate, specifically, it is necessary to underscore health inputs as outlined in the Vote in terms of the different programmes of the national Department of Health with various economic variables, including the impact of the cost of living on the quality of health that South Africans have in this conjuncture.

The National Health Insurance thus becomes a significant part of any discussion on health policy, especially as this is related to the affordability of healthcare services. The process of the NHI Bill remains an important part of the broader health policy discourse in South Africa.

As the ANC, as guided by our commitment to the people of South Africa and achieving health justice, we believe that an important part of research as a tool for policy-making includes the specific use of health research to inform strategic health priorities and the intervention thereof. It is as such, the correct combination of research and development in health and governmental actions that can potentially address issues that are linked to health inequality.

South Africa still faces the quadruple burden of disease that comprises of HIV, maternal, newborn and child health, noncommunicable diseases and violence and injury. Health statistics on child mortality under five and tuberculosis have increased as a result of the impact of covid-19 on health outcomes among other variables. According to a rapid review of the impact of covid-19 on noncommunicable diseases done by the World Health Organisation and the UNDP, in Sub-Saharan Africa, SSA, noncommunicable diseases are anticipated to overtake communicable, maternal, neonatal, and nutritional illnesses as the primary cause of mortality by 2030.

Over 70% of deaths worldwide are attributable to noncommunicable diseases, with a sizable fraction happening in low- and middle-income nations. In South Africa, there is a growing trend in the area of depression and anxiety, with over 25% of our population suffering from depression, and the most affected province being the Northern Cape.

There are, of course, other socioeconomic factors such as the impact of load shedding that serve as an impediment to the improvement of health outcomes. This therefore requires that a much broader approach be undertaken to resolve some of the

issues, including, but not limited to considering ways to navigate the economic, social and environmental challenges as health determinants.

We need to continue to strengthen the health system and reduce the number of malpractice and circumstances, which lead to medico-legal cases. The quality of health facilities is another factor of medico-legal cases, while having sufficient health human resource capacity is another critical factor.

With the current load shedding threats, our health facilities should be able to develop electricity backup power capacity to withstand the power cuts which can have life threatening impacts for citizens.

Some of the global threats to health include, but are not limited to HIV, global influenza pandemics, climate change, fragile and vulnerable settings, weak primary healthcare and vaccine hesitancy. These are unfolding alongside the rise of the burden of cancer, in particular the challenges related to adequate treatment and care that are associated with this.

Millions of people worldwide are now experiencing negative effects from climate change, and more crucially, these effects will only get worse over the course of this century.

Science and innovation are critical to continuously improve the capability of health systems and to also undertake various innovation of various pharmaceuticals, which can help combat various communicable and noncommunicable diseases. The South African Medical Research Council is one entity which makes a significant contribution in producing health research, which improves health responses to diseases and also impact policy development.

The adverse events of climate change have a bearing on the quality of health, as heat, storms, drought, and flooding increases health risks and potentially strains the resources that are available for health. In the same breath, it is crucial to deal with the aspects of poverty, inequality and unemployment, as these have an impact on health. Generally speaking, poorer and more vulnerable countries are at greater risk of ill-health, their life expectancy is lower, mortality rates under five are higher, communicable and noncommunicable

diseases are generally higher and the overall well-being of people is compromised.

A lot generally needs to be done in order to level the playing field globally, but at a local level, South Africa as it approaches the end of the sixth administration also needs to be more strategic and forward thinking in order to create an environment where there is meaningful transformation within the health care sector, both at a clinical and administrative level.

In conclusion, strengthening governance systems of health care is thus a priority and the required effort should be placed across the spheres of government, in order to enable synergy in policy-making and implementation among other things.

Significant inroads have been made to enable some changes in the health sector. However, much more must be done to support research and development as critical tools for the development of the sector. We welcome that South Africa, regionally, has the highest contribution of the allocated GDP on health research, but much more still needs to be done in order to ensure that we remain ahead of providing solutions to some of

the developmental challenges that face the country. As the ANC, we therefore support Budget Vote 19. Thank You.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon members, before I call the Gauteng MEC for Health, hon N Nkomo-Ralehoko, I wanted to make sure that you are on virtual platform because I have been advised that you were here, but you got an urgent call that wanted you back to Gauteng. So, I want to make sure that you are on virtual platform, hon Nobantu Nkomo-Ralehoko.

Ms N NKOMO-RALEHOKO (Gauteng): Good afternoon, Madam Chair. I am available now, the Premier released me to come and debate. I am on virtual platform now. Let me greet you, hon Chairperson of the NCOP, hon Minister, Dr Joe Phaahla, hon Deputy Minister, Dr Sibongiseni Dhlomo, Ministers and Deputy Ministers, all the hon members of the House of NCOP, my colleagues from other provinces who are MECs and senior managers, distinguished guests, ladies and gentlemen.

It is an honour for me to present to this House the contributions that Gauteng Health is making towards improving health care services in the country. Health matters and the incumbent challenges of health faced by society is the main

domain of governments. It is the collective responsibility of both society and the state to preserve life. However, governments are expected to conduct health planning and to champion progressive health programmes that must serve the broader interest of citizens.

Because of the province’s working population size, cosmopolitan nature and demographic profile, the province’s susceptibility to lifestyle diseases, which may burden our health infrastructure and, as a result, affect the economically active population and, by extension, the productivity in Africa’s fourth largest economy, indeed health care is critical because of those issues that I have raised.

As a result, the quality health care services that are accessible and welcoming remain essential in the Universal Health Care Coverage goal that we all strive for. In this

regard, the Gauteng Department of Health has continued to implement the ideal clinic programme across all of its primary

health care facilities. It has not only managed to increase the number of clinics that were found to be ideal facilities by 4,4%; it has also managed to maintain the performance on ideal facilities above 90% for two financial years in a row.

For the current year, improvements were also observed amongst facilities that previously did not obtain the status due failure to attain the non-negotiables and vital elements.

Access to care has also increased post the Covid-19 pandemic restrictions. We were also able to provide health care

services to over 19 million clients, a six percent increase in patient visits compared to the previous year; whilst out

hospital outpatient department saw over 5 million patient visits.

Hon members, the Deputy Minister, yesterday, in the National Assembly, spoke about patients accessing their chronic

medication via the Centralised Chronic Medicine Dispensing Programme. There is a great deal of work that we have done as

the province to improve access to medicine by decongesting our

clinics by encouraging more patients to enrol in the programme to collect their medication close to where they reside.

So far, we have increased access to medications by over 96 422

customers through the Centralised Chronic Medicine Dispensing Programme, now known as *Dablap Meds*, bringing the total enrolment to 1 196 422 clients. In the current financial year, we intend to boost enrolment to over 1 200 000 people.

Oncology services have been a challenge with the rising demand for various treatment of cancer patients. The department has, in order to respond to this need, commenced with the construction of bunkers at two other central hospitals, namely Chris Hani Baragwanath Academic Hospital and Dr George Mukhari

Academic Hospital. In the meantime, whilst bunkers are being constructed, Steve Biko Academic Hospital has provided mobile

brachytherapy services to cancer patient in the interim.

Hon members, in order to improve accessibility of health care services, we, Gauteng Department of Health, are currently operating 38 of our community health care centres on a 24-hour basis. We provide a range of services, including maternity care services. The department remains committed to improving our response to various emergencies. As such, we have bolstered our emergency medical services fleet by procuring all-terrain vehicles for each of the districts, and this include 30 ICU/maternity ambulances.

In addition, we have also launched the First Responder Training offered by the Gauteng Department of Health’s Lebone College of Emergency Care. This training, is meant to empower participants in townships, informal settlements and hostel

communities, Tish communities, to be able to respond to commonly encountered emergencies such as trauma, accidents, medical and suicide incidents while awaiting emergency response teams.

To respond to children with special needs, we are establishing centres of excellence to ensure a comprehensive and cohesive system for children with special needs in order to obtain better health outcomes. These centres of excellence are a one- stop-shops for children with autism, Down syndrome and cerebral palsy, amongst others.

This is to ensure effective care and treatment for children with special needs. These centres offer a multidisciplinary approach, provided by a multitude of role players, case management, physiotherapy, occupational therapy, dietetics, speech and audiology, psychology, social work, pharmacy, medical officers, and various medical specialists, including paediatricians, neurologists, orthopaedic surgeons, and neurosurgeons.

In addition, we have established support groups within health facilities across the province. Currently, there are

22 support groups for children with special needs, including cerebral palsy, and our intention is to increase them.

In Tshwane, these centres of excellence include Stanza Bopape, Kgabo and Eersterust Community Healthcare Centres, CHCs, while Laudium, Soshanguve and Cullinan CHCs are also in the process of establishing centres of excellence. Parents in Ekurhuleni can access these services at Nokuthela Ngwenya CHC, Tsakane Therapeutic Centre, Daveyton Main Clinic, Mary Moodley Clinic, Itireleng Clinic, Crystal Park, Phola Park Clinic and Bertha Gxowa Therapeutic Centre.

Whereas, in the Johannesburg district parents can get the services at Hillbrow, Discoverers, Alexandra, Chiawelo and Streford CHCs, as well as Mofolo and Zola Clinics. The team is in the process to establish a centre of excellence at Lenasia South District Hospital. In the West Rand, parents can visit Bekkersdal and Khutsong Main Clinic, while in the Sedibeng District, the services can be accessed at Johan Heynes CHC.

Hon Chairperson, one of the issues which was raised in yesterday’s Budget Vote debate relates to mental health. Investment in suitable and evidence-based treatment remains

extremely limited. Many people experiencing mental health conditions suffer grave human rights violations, stigma and persistent discrimination. Covid-19 has intensified the risk factors commonly associated with poor mental health, which is attributed to financial insecurity, unemployment, anxiety and depression, amongst others. This has exacerbated cases of mental health challenges in our society.

As Gauteng health, we have been in an ongoing process, directing our attention to provision of efficient mental health services, through giving priority and maximising access to mental health facilities. For the current financial year,

the department has set aside R124 630 000 for mental health care beds expansion. Some of the facilities to benefits include, Bertha Gxowa, Pholosong, Tembisa and Yusuf Dadoo Hospitals.

The Department welcomes the allocated conditional grant funding by the national Health Department amounting to

R13 891 408 000 billion, which is being used, amongst other things, for the provision of tertiary services, HIV/AIDS and training of health professionals.

So, hon members, as government, we must continue to appropriate resources to transform, improve ... [Time expired.] As I conclude, we need to sustain the access to quality healthcare provision for all citizens of Gauteng and the entire South Africa. I thank you.

*IsiZulu*:

Nk S A LUTHULI: Mphathisihlalo, umuntu akabingelele, abingelele nababukeli emakhaya, ...

*English*:

... the Economic Freedom Fighters rejects Budget Vote 18 on Health. We reject the budget of a department which is known only for its widespread inefficiencies, staff shortages, differences in skill sets between rural and urban areas and poor patient management. The delivery of equal and quality health care is a constitutional obligation in South Africa but this department faces numerous challenges at all levels and fails the very patients which it is designed to help.

On daily basis pensioners, pregnant women, women in labour and the terminally ill stand in queues outside of clinics as early as 4 a.m., desperately in need of medical attention. Yet this

Minister operates health facilities according to office hours and denies the opening of the health facilities and clinics for 24 hours and 7 days a week. At a national level, the Department of Health is characterised by mismanagement of finances for the health care system and at a provincial level, the provincial health departments are riddled with malpractice claims levelled against them.

The health facilities are overcrowded with too many patients and not enough facilities. Public hospitals are suffering from a shortage of finances, with health facilities battling to pay staff. The problem that seems to be plaguing the health care system and other spheres of the government is corruption. As although capital is injected into the health care system, it is being lost by wasteful and fruitless expenditure. The financial losses caused by corruption are significant. Putting more money into the system will, therefore, be a pointless exercise until the leaking of finances is addressed.

Year in and year out, large proportions of money go unaccounted for, which means that patients are not receiving the full amount of resources allocated to them. This leads to shortages of medicines and leads to an inability to maintain

infrastructure. The ambulances in KwaZulu-Natal and Limpopo province are not working, if they are, the service is poor. In the Eastern Cape, Gauteng and North West there have been numerous reports on the shortage of beds, poor medicine supply or a total shortage thereof, long queues and rude staff; that humiliates and condemns our people to indignity.

Last year, the Minister watched and said nothing as the Limpopo Health MEC, Dr Ramathuba, made xenophobic remarks about immigrants allegedly overcrowding the public health system, this despite there being no scientific evidence suggesting that foreign nationals cause an undue burden on the public health care system.

African nationals are accused and used as scapegoats for a poor health system. There also still exists a major divide between the kind of health care that our people receive. The major difference is that those who belong to medical aid schemes can afford to attend private facilities, while those who cannot afford medical aid use the public sector. The health care system is characterised by social exclusion, divided by those who can and those who cannot afford it.

Services in public health institutions are failing to meet the

basic standards of care. There exist long waiting times before patients see doctors and nurses. Patients still have to wait for several hours on average before they see a health care professional. public health care facilities are overburdened and overcrowded, creating a poor attitude of staff at the hospitals.

There also exists an unequal distribution of health professionals between the private and public sectors, as well as an unequal distribution of public sector health professionals among the provinces, ...

*IsiZulu*:

... ikakhulukazi emakhaya.

*English*:

Even if more funding is added, money is still lost unnecessarily to irregular expenditures, for example. The health care system in South Africa is ruined and in serious need of repair. It is characterised by policy inconsistencies and political indecisiveness. It is characterised by poor infrastructure, a shortage of medical professionals, corruption and unskilled management. Our people essentially go

to public hospitals to die, instead of getting health care. South Africa should know that the only solution they have is to remove the corrupt ANC government from power. [Interjections.] I still have time. Our hope lies in a new government that respects the constitutional rights of all our people to life. For those reasons, Chairperson, we reject this Vote. Thank you.

The DEPUTY MINISTER OF HEALTH: Hon Chairperson, hon the chair of portfolio committee, hon Minister of Health, Dr MJ Phaahla, hon Ministers and Deputy Ministers present, hon members of the NCOP, MECs of Health present, distinguished guests, and ladies and gentlemen, it is an honour to make contribution to the Health Budget Vote for the 2023-24 financial year.

Let me start by paying tribute and acknowledge the great work and selfless contribution of our 20 nurses who left their homes, families and friends and decided to heed the call of our struggle stalwart u Baba uTambo when they were called to come and assist in Tanganyika back then. These nurses known as the 20 nightingales chose to join the struggle when it was not fashionable, left all behind to go and serve the people of Tanganyika when their white counterparts deserted their post,

forgot about the nurse’s pledge, and left Tanganyika just because they could not serve the black government.

This morning, we joined the Minister of Sports, Arts and Culture, Minister Kodwa with the MECs of Health in Gauteng and Western Cape in a very important programme, move for health which is celebrated every year on the 10th of May initiated by WHO since 2004. It is a very important activity; it focuses on us having a physical activity to deal with non-communicable diseases. It must be for us a move for health everyday so that we can combat physical activity as one of the major programmes.

The recently approved National Strategic Plan for the Prevention and Control of Non-Communicable Diseases and the roll of the National NCD Campaign will accelerate the country’s response to the challenges of NCDs. The National Non-Communicable Diseases, NCDs, Campaign has been established to strengthen the district’s community-based response in line with the Integrated People Centred Health Service approach on the prevention and control of NCDs. The NSP endeavours to lay a foundation for action through a cascading strategy, similar to the 90-90-90 approach for HIV and Aids, and TB. This

strategy will initially be designed to address the burden of diabetes and hypertension and will be refined and updated progressively to include other NCDs.

The proposed 90-60-50 cascade for diabetes and hypertension are the first steps to improving early detection and treatment of NCDs as follows: 90% of all people over 18 will know whether or not they have raised blood pressure and/or raised blood glucose; 60% of people with raised blood pressure or blood glucose will receive intervention; and 50% of people receiving interventions will be controlled.

Our aim is to have 25 million people screened annually for high blood pressure and elevated blood glucose respectively, to ensure ongoing surveillance and early disease detection & diagnosis. Progressively from April 2022 to January 2023 we have surpassed the set targets by conducting a total of

32 633 10 screenings for high blood pressure and 31 757 503 for raised blood glucose. However, the challenge remains adherence to treatment and sustaining a healthy lifestyle.

We, however, acknowledge that poor levels of control of diabetes are associated with patients lacking access to

monitoring and receiving immediate feedback on their blood tests. PHC facilities are being provided with point of care HbA1c devices which will allow patients to receive immediate feedback when their blood sugar levels are monitored.

Our flagship programme called Central Chronic Medication Dispensing and Distribution, CCMDD, or fondly called by patients at “DABPLAP MEDS”, meaning short cut, creates an alternative access to chronic medication.

Now that people live longer, the burden of costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years continues to grow. This is a positive impact informing one of the overarching goals of the National Development Plan which focuses on raising the life expectancy of South Africans to at least 70 years by 2030.

Since the start of the CCMDD programme, we have 5 658 427 patients registered on the CCMDD program with 2 935 416 patients are actively serviced through CCMDD. Over 1 711 870 (58%) patients are collecting their medicine parcels from Private sector Pick up Points and the remainder pick from the

public health facilities. With the largest ARV programme in the country, 2 415 937 (almost 40%) of patients who are on Anti-Retroviral Therapy, receive their treatment from CCMDD.

Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable. Without improvements in service delivery, people will be unable to access the high quality health services that meet their needs and expectations. A total of 240 957 patients benefitted through the dispensing of three months’ supply, which means that patients collect the first dispense of three months from the facility and three months later they collect from CCMDD, then patients goes back to the facility for review. This cuts the number of visits to the PUP thereby saving money.

You would recall that I presented that CCMDD won the Centre for Public Service Innovation award, following that award CCMDD through the office of DG of Health sent the innovation to African Association of Public Administration and Management, AAPAM. Out of submissions from 168 countries, CCMDD was a finalist in the top 5. During the 41st AAPAM roundtable conference held at the University of Western Cape

in December 2022, CCMDD South Africa took the bronze medal award.

This is indeed a great honour for the department and all patients its serves, not forgetting the passionate, committed and dedicated people both from public and private sector that work so tirelessly together to serve the population that is most vulnerable.

The national Department of Health is participating in the cluster: Social Protection, Community and Human Development, which co-ordinates implementation of cross cutting focus areas that affect women, youth and persons with disabilities. One of the outcomes is to increase access to development opportunities for children, youth and parents or guardians including access to menstrual health and hygiene for all women and girls.

AYFS-Adolescent and Youth Friendly services We continuously encourage all young people to access our public health facilities and in particular, the youth zones where they are available to seek HIV Prevention services as well as SRH services.

Adolescent and Youth Friendly services, AYFS, is another practical initiative that addresses the health needs and challenges of the young people especially at the primary health care facilities, and indeed, we are fast tracking expansion of implementation of these services in our facilities to ensure that young people are well taken care of.

Of course, this is not a silver bullet or panacea to challenges facing our young people, therefore we strive to identify the key factors that inhibit access to and use of AYFS in our facilities, especially the implementation of the sexual and reproductive health package of services, for both- in and out-of-school youth.

Cervical cancer is one of the most common cancers in women. Many women die from cervical cancer. HPV is the leading cause of cervical cancer. HPV vaccine reduces women chance of developing cervical cancer. The HPV needs to be extended to all girls in schools. Some parents in private schools have shown interests in this programme, indeed no one should be left behind.

To this end, the department is implementing various interventions in efforts to introduce measures to ensure early development screening for all children and address the issues identified under this priority areas. We have made significant progress over the years on different interventions for children between the ages of 0-8 years screened for developmental delays and disability and receiving individualised support as well as immunisation coverage under the age of 5 years.

Significant progress has been made over the years on increasing access to health services for children and school health services. I am happy to report that between January 2019 and December 2022, more than 2,1 million learners were screened. Of these, more than 1,1 million Grade R and Grade 1 learners were screened and subsequently referred for interventions on barriers to learning. In addition to that, around 1,8 million Tetanus-diphtheria, Td, doses were administered to children aged 6 years while around 3,8 million children under the age of 1 year, were fully immunised.

Since 2019-20 financial year, we have rolled out an online birth registration system in 1445 health facilities with

maternity wards across the country, for the registration of birth and issuance of birth certificates on the spot. The project ultimate’s goal is to provide relevant and appropriate birth registration infrastructure in health facilities to ensure that children born in these health facilities are registered and issued with a birth certificate before they leave or discharged from hospitals.

The project has since inception capacitated 161 high birth health facilities with online birth registration system which covers approximately 68,35% of the total births delivered in 1445 public health facilities. The department is still on course with the rollout of birth registration system in health facilities and envisaged to rollout the system in all outstanding high birth rate health facilities during 2023-24 financial year to cover health facilities responsible for approximately 84% of birth delivered across the country in public health facilities.

The Births and Deaths Registration Amendment Act, Act 18 of 2010, stipulates that all children born in South Africa must be registered within 30 days of their birth. Thus, registration of birth where it occurs remains an effective

mechanism to ensure that children are registered within 30 days of their birth and adherence to Birth and Death Registration Amendment Act.

In 2021, a proportion of 74,6% of births that occurred complied with this amendment according to the latest Recorded live births, 2021 statistical report released by Statistics South Africa on the 28th December 2022. A total of 1 087 526 births were registered in South Africa in 2021. Of these, 949 757 (87,3%) were births that occurred and were registered in 2021 (current birth registrations), while 137 769 (12,7%) were births that occurred in the previous years but were registered in 2021. Of the total 949 757 children born in

2021, there were 498 573 males and 491 056 female births. Late registrations of birth after the lapse of 30 days but before end of the year, also decreased from 25% in 2020 to 20% in 2021.

The department has achieved significant progress in ensuring that statutory requirements for internship and community service are met. Project Plans for the allocation placement of interns and community service candidates are concluded by September of each financial year. Annually, the Department

manages to allocate and publish all eligible South African Citizens and Permanent Resident applicants for medical internship and community service, to funded positions. Over the years, since 2020 the Department has managed to allocate a total 8972 medical internships and 30 368 community service posts.

The inspection of the programme in 1997, it has produced a total of 3027 doctors who, in majority were deployed to underserved communities, including the rural areas and townships as part of its founding objectives to alleviate the shortage of doctors in the country, especially in the historically disadvantaged communities and well as to improve human resource capacity and strengthen the health care system in the country.

The national Department of Health will this year in partnership with the University of Cape Town, hold a graduation for 410 doctors scheduled for the 7th July 2023. This group forms part of students who were in the integration programmed in South Africa and wrote the Cuban National Examination in December 2022 and March 2023 respectively.

The graduation ceremony will be preceded a two-day joint academic meeting hosted by the two institutions meeting to be attended by the academics from the Cuban Public Health and the South African counterparts in the Medical Schools responsible for the collaboration of the Nelson Mandela Fidel Castro Medical Programme.

The Cuban Medical training has a Primary Health Care approach and as the Department we have started the discussions with local Medical Universities to ensure that the Medical Training in South Africa has a strong PHC arm using the Cuban Model, which has proven to be effective.

There has been a remarkable turnaround of the MBOD and CCOD, which deals with compensation for occupational lung diseases in the mining sector. Over the last financial year, the CCOD paid R170 million for 6 689 claims and certified 10 212 medical assessments. These remarkable outputs are due to many partnerships, but in particular the mining companies and Minerals Council South Africa, who are funding the technical and specialised human resources to assist the Commissioner.

The other partners include the unions, ex-mineworker associations, the class action settlement trusts and provident

funds and traditional leaders, provincial, local and neighbouring country governments and other national departments.

As you may be aware, I have been tasked to lead the troika of Deputy Ministers – Mineral Resources and Energy, Employment and Labour and Health in this major task of ensuring the legacy problems facing examine workers in accessing medical services and unpaid benefits is resolved. There is approximately R10 billion of unpaid social protection benefits due to ex-mineworkers.

We have hosted successful outreach programmes for ex- mineworkers in the North West, Eastern Cape and KwaZulu-Natal provinces and later this year will be in the Free State, Northern Cape and neighbouring countries. These One Stop service activities provide for claims lodgement, medical assessments, access to unpaid benefits and primary health care screening. This programme ensures that government working with partners can bring services closer to our people.

The Department of Health is working hard to build a community- friendly health care system and a resilient health system to

achieve universal health coverage. We have begun to reap the benefits of our investment. It is now important more than even to stay focused and build a healthier nation.

We also acknowledge the fact that 461 Very Small Aperture Terminal (VSAT) broadband services have been successfully installed at the critical COVID-19 Health Clinics as identified by the Ministry of Health and the Department of Communication and Digital Technologies (DCDT) as at end of December 2021. We acknowledge the effort and commitment from DCDT in providing connectivity, equipping these critical centres with connectivity infrastructure required to tackle and treat COVID-19 cases.

The roll-out of our services across remote regions of the country has been accelerated, and it has also greatly improved medical services and provides patients with greater access, regardless of geographic proximity, to quality healthcare. We intend to leapfrog from these connections to lay the foundation to NHI, whose backbone is digital health systems.

These services have become critical and essential to the Department of Health, as it has provided a vital internet

communications platform to ensure that information is accessible with speed via a reliable internet platform. We thank you for the opportunity to address you!

Ms P C RAMATHUBA (Limpopo): Hon Chairperson, hon Minister and Deputy Minister, hon members of this House, MECs who are here and also those who have joined virtually, my wish is to start by congratulating the Minister of Health, Dr Joe Phaahla, for the incredible Budget Vote speech that you presented before the National Assembly yesterday. The speech was detailed enough to capture the essence of what the ANC-led government will do in the current Medium-Term Expenditure Framework, MTEF, to respond to the aspirations of the entire South Africans in so far as the healthcare is concerned.

I therefore wish on behalf of the people of Limpopo to join millions of South Africans, not the minority, in welcoming the speech. Hon Chair, there is no doubt that this has been the most challenging term for the healthcare sector. This will go down the analogue history as an Administration that was largely disrupted by Covid. COVID-19 has exposed our weaknesses and failures, both public and private. As a province, Limpopo, where only 87% of the people are covered by

the medical aid, private hospitals could not provide beds for them. Therefore, no one must tell us that, don’t fix what has not broken.

The private healthcare could not even cater for those that pays for medical aid every day. Equally, with us in the public sector, we have seen that, a number of us has not been focusing on our health. Deputy Minister, you are quite right that we must join you in your activity today, of preventative healthcare, where on a daily base 30 minutes, hon members, walk for five days a week. It’s enough to retain your blood pressure, your blood sugar and your cholesterol.

Also, make sure that you go and check your health status because, we have seen that, if we pick up your diseases early, we are able to deal with it. This even goes to cancer, if you wait until you are complicated, you are going to blame our hospitals and say ...

*Sepedi*:

... ke boreboilefela, mola e le gore le tlile go fedile - go se na motho.

*English*:

... congruent to the Minister’s assertion that, “our primary healthcare is at the center of improving access to and quality healthcare services.” As the province, we are remodeling our clinics and healthcare services to be dependable and attractive at the points of entry, for those in need of primary healthcare. Consequently, we have declared this year, a year of primary healthcare.

This declaration is neither a year slogan, Chairperson, nor a rhetoric, it is a living commitment to build on our existing capacity to prevent diseases, prolong life and promote healthy lifestyle amongst the people of Limpopo. At the heart of our rejuvenated approach to primary healthcare, hon members from the EFF, is the provision of 24 hour service, at most of our primary healthcare. To date, all our 26 healthcare centers are operating 24 hours.

By 1 April 2023 already, 43 more clinics which were not running 24 hours, are activated to run 24 hours. Just to give you an example, if you go to Capricorn District, because you will say that I’m talking about numbers, go and visit Eisleben Clinic, Indermark, Semenya, Schoongezight or Recharge. If you

go to Sekhukhune, go and visit Matsepe, Tswaing, Makeepsvlei, Selala and Nkoana. These are just a few. You go to Vhembe, you visit Tshiombo, Masisi, Mhinga, Mavambe, Madimbo, and when you go to Waterberg, you will find Bakenberg, Phagameng, Pienaarsrivier and many others.

You go to Mopani, you’ll find the Benfarm, Thomo, Khakhala- Hloma, Shotong and Dan. Hon members, I must also raise this that, three more clinics, which are, Relela, Makgope and Madumane, should have started the 24 hours, but they could not. Why? In Madumane, we appointed more professional nurses to support, so that they can run 24 hours. There’s some poor nurse that was coming from home to the clinic. She was raped and left for death, but she managed to crawl to a nearest household, where an ambulance was called. Fortunately, we saved her life.

Do you think that the hon members are still allocated to that clinic? No. Then this means that this clinic will have to wait. Hence, hon members, you must help us to talk to the communities because they do not protect their healthcare workers. The services they so much need, are not going to happen. Today as we speak, there is a man who is appearing in

court because he entered the consulting room and demanded to be seen in front of other patients. He needed a sick note.

When the nurse explained the process to him, he started to physically assaulting the nurse.

These are some of the issues which are beyond our control even if we bring in security. Therefore, we are asking you to assist and support us on that. Hon Chairperson, an effective and responsive healthcare system is a system that will demonstrate by having a reliable emergency medical services.

As a province, we must indicate to you that we have prioritised it. It is the first time in the history since 1994 that we have put aside through our savings, by the way, with no extra money.

The Treasury allocated to us R50 million, we then reprioritized another R500 million for 500 ambulances to be procured in this financial year for all the people of Limpopo, and most of them, will be allocated in the rural areas. Again, hon members, we must appreciate that COVID-19 has made us to start doing things differently, by becoming innovative and also to come up with other ways, because it has affected other services, especially, the surgical backlog.

That’s why we came up with what we called, Rural Healthcare Matters. Today, it is one of the unique and successful initiative which is sustainable, wherein, we take specialists to rural hospitals. As we speak now, we have got maxillofacial surgeons that are in Mopane, C N Phatudi, operating with 21 patients, to make sure that they function. To date, more than

6 350 patients have been operated on, and they have survived.

Unfortunately, this project which was meant to address the backlog for the people of South Africa, it’s getting hijacked by people who have money, but could not get those services in their own countries. They buy space from some of our corrupt officials in government, and we must admit to that. This means that, even the patients themselves, participate in corruption. Therefore, there is nothing wrong with us calling them to order.

We are not talking about an undocumented woman who is coming to give birth, we are talking about somebody who comes and jump a queue for breast plastic surgery. That is wrong. That project is meant for people of South Africa who can’t afford. Many of you will say this, because you want those operations to be done on you that you will easily go to private hospital.

Yet, this is not on, it is wrong, hon members. It must be corrected, and everybody who is involved by participating in destroying this noble programme which is done by volunteering specialist who are not even coming from Limpopo, some of them are surgeons who are all over the country.

Therefore, we will defend this project because, it is the only hope for many rural patients in our province. Hon members, again, COVID-19 has taught us that, in order to accelerate service delivery in rural areas, we must be able to use technology. Just last year, the Minister of Health was able to launch the last *computed tomography,* CT, scan at the Sekhukhune District. There is no radiology in *St* Ritas *Hospital. You ask yourself, how do we managed to operate?*

*Through our technology and a* picture archiving and

communication systems, PACS.

A radiologist can be staying in Japan or anywhere, but he or she can be able to interpret and help the surgeons in

Sekhukhune to operate. It didn’t only go there and ended there, the Minister also launched the mammogram, and all our districts have got this mammogram, wherein women are able to be screened for breast cancer. Not only those who are in the

metros who will be able to access mammogram, even the woman in Sekhukhune District, even the woman in Vhembe from Tshidimbini can access mammogram through technology, in a rural province which is very poor, but we are able to win that.

Hon Chairperson, we are continuously looking at equipment. We have just ordered two new magnetic resonance *imaging,* MRIs, we’ve just ordered another linear accelerators, and we are expecting them to be delivered before the end of this financial year. Let me welcome you, Minister, for the infrastructure g is 100%, including even other grants that you continue to give us, and we give you feedback on them. The hon members always challenges us on nonexpenditure.

The Chief Financial Officer, CFO, from the National Department of Health is here, and he can attest to you that, in Limpopo, our expenditure on infrastructure grant. In Limpopo. What did this money do, Minister? We don’t return money to the Treasury. If you go to Pietersburg Hospital, where we didn’t have enough ICU beds, we have now renovated one old dilapidated ward ... [Interjections.] ... and we have built in a brand new ICU.

If you go to Modimolle, F H Ondendaal, there’s a state of art maternal and child healthcare. So, Minister, for the long awaited Limpopo Academic Hospital, this will be the first that we are going to have after we have had a medical school. Since 1994, Limpopo is the first province to have a medical school. In 2021, we had a first group of graduates, there is also a second group. There were prophets of doom in this House when I came in my first year and said that we are establishing a medical school in Limpopo.

They said that it won’t happen, it will happen over their dead bodies. I am worried that they are still alive because the doctors have graduated in Limpopo, and they will continue to graduate. We are not ending it there, Minister, we are saying that, concerning the hospital that you are giving us, we have started the processes because it will need the professionals. Also, we are going to do the organ transplant. ...

[Interjections.] ... Not only are we going to do that.

We will be taking our doctors to go to other hospitals, to train as paediatric surgeons, as u*rogyne and as* paediatric cardiologists. We will have all that to win, even mental health, Minister. Hon Chair, we cannot be told by the DA that

the Western Cape is run well ... [Interjections.]... We ... I don’t have time. [Time expired.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you, MEC. Order! Order, hon members! Hon members, when the hon Chair of the NCOP, tata Masondo started, he indicated that if we have a speaker on the floor and you are on the virtual platform, you must remain muted. Don’t unmute yourself because we can recognise who is disturbing, when we have a speaker on the floor. I’m appealing. Please let us not make that mistake again. I now invite the hon De Bruyn.

*Afrikaans*:

Mnr M A P DE BRUYN: Agb Voorsitter, jaar na jaar word die jaarlikse prestasie planne van hierdie departement en sy entiteite bespreek en jaar na jaar is daar geen of slegs vae antwoorde gegee oor die probleme in die gesondheidsektor wat die lewens van pasiënte in staatshospitale bedreig.

Ons sit met ’n verminderde begroting van R64,6 miljard in 2022-23 na R60,1 miljard in die 2023-24 finansiële jaar, en dit nadat die Minister in ’n antwoord op ’n geskrewe vraag in

Maart vanjaar bevestig het dat daar steeds 5 100 vakante poste

in die Vrystaat is en dat dit minstens R200 miljoen gaan kos om hierdie poste te vul.

Die toestand van gesondheidsorg in die Vrystaat en in die res van die land is haglik om die minste te sê, en dit is as gevolg van ’n tekort aan dokters, verpleërs en algemene werkers, maar die begroting word steeds verlaag. Dit spreek nie van ’n departement en regering wat die welstand van sy mense op die hart dra nie. Pasiënte kla op ’n daaglikse basis vanuit staatshospitale dat hulle vir weke en selfs maande moet lê en wag vir operasies as gevolg van ’n tekort aan beddens, medikasie en dokters. Pasiënte buite hospitale kan nie opgeneem word en noodsaaklike behandeling ontvang weens dieselfde redes nie. Ons kry hierdie klagtes op ’n daaglikse basis vanuit elke provinsie in die land. Die Oos-Kaap sit tans met ’n groot tekort aan kroniese medikasie as gevolg van die wanbetaling aan verskaffers. In die Vrystaat lê pasiënte en wag vir ortopediese behandeling vir maande aaneen. Die feit dat 178 000 kinders in die laaste dekade in staatshospitale oorlede is, is skokkend en onaanvaarbaar om die minste te sê.

Die VF Plus het die afgelope paar maande meer as 400 klagtes vanaf pasiënte in staatshospitale van regoor die land ontvang

oor die onmenslike behandeling wat hulle in hierdie staatshospitale ontvang het. Die gruwelike skendings van menseregte wat ons moes aanhoor oor hoe hulle behandel is en wat tot verskeie sterftes gelei het, is onbeskryflik. Dit is sekerlik nie ’n getuigskrif van ’n regering wat na sy burgers se welstand omsien nie.

Terwyl gesondheidsorg in elke provinsie ten gronde gaan as gevolg van finansiële tekortkominge, word daar nou

R1,5 miljard aan die Nasionale Gesondheidsversekering toegewys, selfs met die onsekerheid van wat hierdie model die belastingbetaler gaan kos en met geen finansieringsmodel nog beskikbaar nie.

Die afgelope paar maande het ons onwettige stakings van gesondheidswerkers in die openbare sektor beleef wat tot ernstige dienslewering beperkings in ons gesondheidsfasiliteite gelei het. Ons het ervaar hoe ambulanse verhinder is om openbare hospitale binne te gaan met pasiënte wat dringende mediese aandag benodig het. Die haglike omstandighede waaronder gesondheidswerkers op ‘n daaglikse basis hul werk moet verrig het tot hierdie staking gelei en dit was ‘n duidelike boodskap aan die regering en die Minister

van Gesondheid om hierdie omstandighede te verander, anders is ek bevrees gaan ons nog meer stakings in hierdie bedryf sien. Dit stel pasiënte se lewens in ernstige gevaar en die regering moet daarvoor verantwoordelik gehou word.

Die regerende party gaan vandag nog baie te sê het oor die oorsake van die probleme met betrekking tot gesondheidsorg en ons weet hulle gaan oor die verlede praat. Hulle gaan ook geen eienaarskap en verantwoordelikheid vir hul eie mislukkings vat nie. Nog ’n termyn onder ANC bewind sal katastrofies vir gesondheidsorg in Suid-Afrika wees.

Suid-Afrika is siek en die ANC regering is die virus wat hierdie siekte veroorsaak. Ons kan nie toelaat dat die land verder met die onvermoë van die ANC besmet word nie. Daarom, terwille van Suid-Afrikaners se welstand, sal ons in 2024 ontslae van die ANC as die regerende party moet raak. Dankie.

*English*:

Ms D C CHRISTIANS: Hon House Chairperson, hon members, hon Minister, good day. It is an undeniable truth that the national Department of Health has in many ways failed to provide adequate health care services to the people of South

Africa. This failure continues to have severe consequences on the lives and wellbeing of our fellow citizens. The persistent challenges surrounding the appointment and retention of health care professionals raises serious concerns about the accessibility and quality of health care services in our country. Insufficient resources have resulted in compromised health care services, inadequate infrastructure and a shortage of essential medical supplies.

The conditional grants, through which, as the Minister alluded, 85% of the national Department of Health’s budget is transferred to provinces, play a crucial role in supporting health care services on a local level. However, the nominal decrease in these grants compared to the previous year adds further strain to an already stretched health care system. The District Health department, which receives the largest share, along with the Tertiary Services Grant, are critical for ensuring the delivery of health care services at grassroots level and supporting specialised care.

The mismanagement of our health care system, driven by cadre deployment rather than merit-based appointments, has further exacerbated this crisis. Incompetent management practices

hinder the efficient functioning of health care facilities and undermine the delivery of quality care.

The failures of our health care system are evident in various aspects. Firstly, the burden of communicable and noncommunicable diseases continues to weigh heavily on our population. Despite the resources allocated to combatting these diseases, we have not made sufficient progress in reducing their prevalence or minimising the associated morbidity and mortality rates. It is disheartening to see our fellow citizens suffer unnecessarily due to the lack of effective disease management strategies and comprehensive preventative measures.

In addition to the numerous challenges plaguing our health care system, we must address the critical issue of backlogs in cancer and obstetrics surgeries, particularly in provinces such as the Northern Cape, where the Robert Mangaliso Sobukwe Hospital, the province’s only tertiary facility, operates and backlogs in obstetrics alone have reached 300 and counting.

The growing backlog of these life-saving surgeries in provinces is a grave concern that demands immediate attention and concerted efforts to rectify the situation. This backlog

places the lives of cancer patients at serious risk and compromises their life expectancy. It is unconscionable that individuals in need of urgent care are forced to wait for unacceptable periods. We must prioritise and expedite cancer treatment to ensure that every patient receives timely and effective care.

Despite the largest share of the budget being allocated to programme 3, specifically targeting communicable and noncommunicable diseases, we must acknowledge that allocation alone does not guarantee the provision of quality health care services. The shortage of health care professionals, particularly nurses and doctors, poses a significant barrier to the delivery of comprehensive care.

Furthermore, our health infrastructure is in dire need of attention and investment, as the majority of health facilities across the country do not meet compliance standards.

Dilapidated hospitals, overcrowded and rundown clinics, and inadequate resources severely hamper our health care delivery. Patients are often left waiting for extended periods and critical services are delayed or inaccessible due to infrastructure deficiencies.

In addition to these systemic failures, we cannot ignore the issues of poor administration, inconsistent programme implementation and the continued alarming rise in medicolegal claims. Billions of rand have been spent on these cases, diverting crucial resources away from providing care to the poor and vulnerable. In the Northern Cape alone, these claims amount to R320 million. These challenges not only strain our already limited resources but also erode public trust in the health care system. While we must address medical negligence and ensure justice for those affected, we must explore strategies to minimise these costs without compromising the rights of victims.

It is clear that our health care system is in dire straits. The litany of challenges from the lack of funding to poor management and from corruption to inadequate infrastructure, demands attention and action. Government must allocate the necessary resources to address these issues, improve the

staff-to-patient ratio, attract and retain professional skills and eradicate corruption from our health care institutions.

The constitutional right to emergency health care should never be denied. It is enshrined in our Constitution that no one

should be refused medical treatment. Our citizens deserve nothing less than a health care system that is accessible, equitable and capable of delivering the highest standard of care. This ANC government is unable to provide this care to South Africans.

In conclusion, it is now the opportune time for the ANC to relinquish control and grant the DA the opportunity to lead, as the DA has consistently demonstrated a commitment to accountability, effective service-delivery and genuine concern for the wellbeing of the people of South Africa. Thank you, House Chairperson.

Ms S J MANZINI (Mpumalanga): Hon Chairperson of the NCOP, the Minister and the Deputy Minister of Health, other presiding officers, permanent delegates to the NCOP, fellow MECs of Health, the hon Minister has already spoken on the importance of this day in the life of our nation and in the struggle of building a democratic society where all have access to quality healthcare irrespective of their positions in the wealth led up and I will also be failing my execution of my duties if I don’t remind South Africans of Madiba’s view on health care and that is why I begin by contributing to this important

debate by recalling what President Mandela, who was inaugurated off course as indicated by the Minister and he said: “Health cannot be a question of income; it is a fundamental right”. That’s why we must never stop the struggle for universal health coverage of this high level.

Hon Minister, when we further celebrated this day, we must never forget what Nelson Mandela was nominated by Mama Albertina Sisulu who was a nurse for a better part of her life. So, healthcare workers are part of the history and significant of this day. In celebrating this important day in the history of our struggle in honour of President Mandela we should work tirelessly to change the distribution of resources in South Africa health care system.

We cannot achieve Madiba’s dream of not making access to healthcare a question of income if we remain with the unfortunate reality revealed by Oxfam in 2022 that a carrier and responsible of providing health care for more than

40 million people who are unassured, which is constitute approximately 84% of the national population while the remaining 70% of doctors who work full time are only responsible for providing healthcare to approximately

8 million people who constitute 70% of South Africa population in the private sector. In remembrance of Madiba we should expertise the implementation of the National Health Insurance, NHI, which will see us achieve social justice in health care within next generation.

Hon Luthuli, it is important to speak on issues informed by concrete reality and not myth cession of head mentality. If you continue to advice the rational argument like you are doing today, we will start believing that you are suffering from cognitive dissonance and very dangerous disease which make people not accept reality. If it does not come from their own to save you from yourself, I invite to come with nurse the profound impact of NHI on the public healthcare in Gert Sibande. You will witness for yourself and get feedback from patient who has witnessed the great work of the National Department of Health in terms of the NHI pilot districts.

Through NHI intervention, the department has built the state of the art clinic in Vukuzakhe Balfour among many other.

Hon Minister, we are hoping to be with you when you open a class facility Balfour soon that you are going to open and we are hoping that as you come there they will also come all

sorts of member of the NCOP to witness what we are doing. In terms of other countries like your Botswana, Ghana, Rwanda that have already ahead of us in terms of implementing the NHI model there is absolute no reason why South Africa is lacking behind in implementing this important instrument of universal access to quality healthcare.

While we remain encourage by the Minister optimistic that despite the challenges we are still progressing towards Madiba’s vision. We should also express our concern on the perpetual budget cuts in the sector as they constrain our ability to execute our mandate.

According to the Minister, our public health sector is underfunded by a minimum of R11 billion and in my view this is a risk for disaster as the people of the province health care to continue to increase outside of our plan growth projection, we should collectively continue lobby National Treasury to reprioritise funds in the country and this is what we expect, hon members, here to be assisting the Department of Health in terms of that part.

Chairperson, I stand in front of you today on behalf of more than 4,4 people of Mpumalanga to support the budget speech delivered by hon Minister, Joe Phaahla, who like true revolutionary did not hide anything from the people of South Africa and any difficulties mistake tell no lies its victories as correctly indicated by America Quebrada. So, whatever what you are saying the Minister acknowledge on behalf of all of us to say these are the challenges and this is what we are doing in terms of making sure that quality health care services are provided to our people.

The Budget Vote speech did not demonstrate our government’s commitment to universal access to quality healthcare but gave a true reflection of the state of public healthcare in South Africa and the intervention government is implementing to improve access and quality healthcare in South Africa. It was not fiction or figment in everyone head which many have spoken here have rejected the Budget Vote would love Minister to present.

The Minister’s Budget Vote demonstrated without any doubt that our government is committed to achieving the health target outline in the National Development Plan, NDP, in improving

the patients by means of complying with national core standard such as upholding patient’s right and also Occupational Health and Safety compliance, OHSC.

The Department of Health will become the glee pronouncement by the Minister to continue supporting provinces like Limpopo, Mpumalanga in terms of building tertiary services such as Zenocology in order to reduce long distance referrals and improve our patients experience.

Hon Minister, we call upon the National Department of Health to increase Mpumalanga share as you have indicated R14 billion allocated to our tertiary services. If there is any person that is saying tertiary services are not there you must come to our provinces. With the limited resources that we having we are not complaining but we are making sure that we deal with our backlog. We invite other specialist to come to different provinces and make sure that services are given to our people. And also, we will continue to make sure, hon Bara, as South Africans we are not getting tired of martyr, which is not backed by any scientific evidence that the DA government is better where they are governing.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Order!

Ms S J MANZINI (Mpumalanga): It is figment which only exist in the head of people who subscribed to racial supremacy.

Let me start by commending the Minister for hosting a successful mental health summit earlier in the year to give focus to the rising cases of mental health in our province and the people of the province have seen hon Minister addressing with key stakeholders. Hon Bara ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Order, members. Now we know you are, hon Bara. We concluded that. Order! Order! Let us not drown the speaker at the podium, please.

Ms S J MANZINI (Mpumalanga): Thank you for correcting me. Hon Bara, as Mpumalanga province we are working tirelessly to improve access to healthcare for mental health care patients and we have recently completed renovation of mental healthcare in Ermelo Hospital and we are to renovate another six departmental health in KwaMhlanga.

Hon Chair, considering that we are the only province without the mental healthcare hospital, we are hopeful that we will receive the necessary support from the organ of state to achieve the target that we have put for ourselves. If this is not a progress towards universal health coverage, I then request those rejecting your Budget Vote to teach the globe of their new definition of distort. Despite the difficulties we are on track, Minister.

Chairperson, it was President Fidel Castro who taught others the importance of health workers as he builds the world class Cuban health system. In a graduation of health workers 2005 he strongly argued: “Human capital is worth far more than the financial capital. Human capital involves not only knowledge but also – and this is essential – conscience, ethics, solidarity, truly humane feelings, spirit of sacrifice, heroism and the ability to make a little go a long way towards goal”.

Hon Minister, has internalised the lesson from one of the greatest human thinker to have ever live, Comrade Fidel Castro and continues to prioritise workers and their needs despite the adverse impact of budget cuts.

The Minister appreciated that health workers are our greatest assets of pride. They work under challenge conditions and we have an obligation to make them feel appreciated and that’s why the Department of Health is engagement with the DA Medical Association Trade Union, Samatu, to sign the lasting solution to doctors who could not be placed and there is almost

R8 billion reserved for training specialist at HR Grant.

Mpumalanga province deeply values its health care workers in all level and we believe if they are very central in improving the patience experience. Over the past few years, the province has been recording a static increase in the number of ideal clinics in the province and we believe health workers are at the centre of this improvement. We have improved from 53 t0 59%, which represent 170 identified clinics out of 292 clinics in the province. The quality of health care we provide in clinics is very important and data available suggest that majority of South Africans visit their clinics frequently more than any health care facility. And also as a province we also want to welcome that we remain committed to our conference resolution the strategy to bring the end of HIV by 2030.

Hon Minister, we are encouraged by your recognition that Enhlanzeni as one of the six district in the country ever achieved our 99 target.

Chairperson, if time permitted I will continue as far as longer in explaining why this budget should be supported. But for the purpose of today’s engagement I will stop here. Allow me to remind everyone especially those who are opposing this Budget Vote that the provincial quality health care service is about the restoration of human dignity and cannot be something used to gain in undue political mileage. Beyond it being a constitutional obligation, it is a revolutionary and moral duty quality health care helps in defeat poverty and inequality and it reaffirm and trams that all life are equal at who tell sustain life and human civilisation itself. The nation with better health outcome they are the better quality of life, higher levels of economic growth and activity. We dare not to fail in our noble mission of universal health to access to quality health care.

Hon Minister, do not be deterred by critics as you leave these members to implement the noble plans contained in your 2023-24

Budget Vote. Remember those wise words from Roosevelt when he said:

It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.

The issue of your cadre deployment, I don’t know where does this apply because I have never seen anyone going to any of our hospitals ... [Inaudible.] ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): As you conclude?

Ms S J MANZINI (Mpumalanga): ... or this has not qualified. But you always come here and screaming maybe is the note that you are given must always criticise in terms of cadre deployment. It does not apply. All those people meet the requirement in terms of the advert. I know you if you had something you will just speak loud haulier and just make noise go specific and say doctor so and so, nurse so and so, they all registered. They have taken an oath. They qualify. Hence we are able to stand here and say this is the service that we are providing. As the National Department of Health and as the ANC-led government led by the capable Dr Phaahla with all of us as MECs making sure that on the daily basis we are able to deliver quality service to our people.

Mr N M HADEBE: Hon Chairperson, hon Minister, hon Deputy Minister and hon members, during COVID-19 pandemic South Africa came to the realisation that our health system is simply insufficient, underdeveloped and at risk of collapse. Seventy-one percent of South Africans rely on the state for healthcare provision while 27% of South Africans are able to afford the cost of private healthcare. This is clear indication of just how unequal our country is which is further perpetuated by the fact that public funded healthcare is not

allocated based on need but rather by each province’s relative share to the population.

The institutional arrangements are continued by budgets as they follow the norms that are already in place as opposed to by the driving much needed change. Therefore, the IFP believes that there needs to be a refocus of the public funded health system especially with the focus on identifying the existing barriers to equitable access to medicine. The healthcare budget has not been adjusted to account for the rising demand for health services, as well as consumer price index inflation which is projected at 4,9% in the 2023-2024 financial year.

Overall, this indicates an oversight on the part of the government as this equates to a real reduction in health and healthcare spending of 4,9% which this crucial department cannot afford at the moment.

The real reduction in healthcare spending can also have a significant impact on the funds that are available to acquire equipments at the public hospitals. For example, some of the avoidable factors that led to the deaths of the 909 babies at the Chris Hani Baragwanath Hospital over the last three years includes inadequate infection control, limited neonatal ICU

beds and hypothermia. In KwaZulu-Natal, a staggering 81,9% of households relies on public health service. In addition, the KwaZulu-Natal Department of Health is experiencing a shortage of medical staff and the increasing size of population.

The 2022-2023 annual performance plan, APP, shows that the number of professional nurses sits at 152,5 per 100 000. These figures clearly show that there are not nearly enough healthcare professionals to deal with healthcare demand in South Africa. In conclusion, hon Chairperson, the IFP once again calls for healthcare to be prioritised by this government. Mental health needs greater prioritisation and the overall condition of equipment at the public hospitals need to be addressed if we are to truly fulfill section 27 of the Constitution. The IFP supports the Budget Vote, hon Chairperson. I thank you.

Mr G PRETORIOUS (Western Cape): Hon Chairperson, hon Minister, hon Deputy Minister and hon members, today I stand here to represent the Western Cape. There is a part of me that feels tremendous pride at that. I firmly believe that my province has shown what is possible when the undoubtable resilience, intelligence, ingenuity and the whole of South Africans come

to be united behind the government that puts their wellbeing before anything else.

I believe that the very real service delivery gains we have made are something to be proud of. In recent weeks, I’ve been privileged to visit hospitals, clinics and health facilities throughout our beautiful province. I’ve seen firsthand the amazing things that our frontline healthcare workers are doing to serve their communities, to heal the sick and to ensure the health of every single citizen we serve. Walking with them on this path is the Western Cape Department of Health and Wellness which continuously finds innovative ways to stretch its resources and to do more for our people.

Last year we have seen this department clears the none- essential surgery backlogs that developed during the COVID-19 lockdown and placed renewed focus on mental health with the construction of new psychiatric units. The department displaced a strong emphasis on disease control, thus, targeted universal testing initiatives against Tuberculosis, TB, are planned for many communities. Earlier this year this department launched an aggressive campaign to avert an epidemic of measles in the Western Cape. I am pleased to say

that this provincial department has now administered more than half a million measles vaccines to children under the age of 15.

The Western Cape is also the only province that has embraced the benefits of new medical technologies. Based in Tygerberg and Groote Schuur hospitals, our two robotic surgical systems have completed almost 300 surgeries thus far. These systems are so precise that they are able to make smaller incisions and reduce tissue damage in the patient. Not only is this beneficial for patients to suffer less pain and possibly and the possibility of complication but it also reduces recovery time. This in turn frees up beds in provincial hospitals which allow more patients to be treated. This demonstrates our health department’s ability to prioritise spending in order to get the best possible results for our patients.

However, while I stand here filled with pride at what we have done my heart breaks at what we have not been able to do. The truth is that the DA-led Western Cape government is doing more than ever with less than ever. I think it is no exaggeration to say that all of us in the Western Cape want to do even more. We want to employ more doctors, we want to employ more

nurses, we want to bring our services to more people, we want better more complete stocks of life saving medicines, we want to do more for those who suffer from mental illness and substance use disorders. Our people deserve better, our doctors deserve better and our nurses deserve better.

Chairperson, it is clear from this budget that national government will not stand with us as we fight for a better standard of healthcare in the Western Cape and in South Africa. our country’s economic growth has been slowed almost to a standstill by the impact of the ANC’s rolling blackouts. Decades of corruption have eroded the confidence of investors that once stimulated our economy. The simple reality is that the national government has driven our economy into the ground and has been forced to make cuts as a result of its own failures. Because of these failures, this year the health of our people has been chosen as one of the many sacrifices.

In the Western Cape, this year will see the national government withdraw funding for several key grants amounting to millions of rands. We will lose R12,3 million from the Human Resources and Training Grant. We will lose almost

R70 million from the National Tertiary Services Grant and from

the District Health Programmes Grant, a vital and indispensable component of our response to TB, to human immunodeficiency viruses, HIV, and the multitude of other community health challenges. We will lose a devastating

R219 million. It goes without saying that this withdrawal of significant amounts to key grants has the potential to have a devastating effect on the ground and in our communities.

Hon Chairperson, allow me to say the obvious, it does not have to be this way. In the 2021 financial year, Eskom reported an irregular expenditure of R67,1 billion which is enough to fund the Western Cape’s entire provincial equity share with almost R10 billion leftover. This is why my pride in the Western Cape’s progress is tempered by the sobering knowledge of how much we could be doing for our people. Just imagine what could be done, Chairperson, if those in Pretoria would simply do their jobs as effectively as our Ministers in the Western Cape. Amidst all of these, the Western Cape government quietly and unwaveringly continues to exceed its mandate.

The Western Cape is not waiting for national government to fix the energy crisis, already this provincial government is installing more than 50 hybrid inverters at rural clinics with

more than 70 more to be installed in the coming months. The truth is that money spent on the Western Cape’s health sector represents one of the best investments that can be made in the public health in South Africa. While the health departments in other provinces are beset on all sides with corruption scandals, ours is the only one in South Africa to boast the clean audit.

The reason for this ultimately comes down to an institutional culture of utter focus on the wellbeing of our citizens and the desire to ensure that every cent is spent for maximum impact. Hon Chairperson, why does the Western Cape so often go above and beyond? Why does the DA-led Western Cape government insist on doing more than is required? The answer is twofold; firstly, we in the Western Cape refuse to leave our people behind, we cannot surrender their health and wellbeing to load shedding and we cannot allow their lives to be compromised by the poor decision-making and outright theory present at the national level.

However, this government also goes further because it knows it has no choice. It being underfunded and under-resourced as it is, it relies on its ingenuity and innovation to deliver

services to our citizens. With the cuts contained in this budget it will have to do so more than ever. I thank you.

Mr J J LONDT: Good afternoon, hon House Chair. I trust that I am audible and that for this six or seven minutes that Eskom will not interrupt. Hon House Chair, hon Ministers and hon members, I am going to start the sweep by using the quote the hon Meth messed up, and I want to frame it correctly in the South African context. The quote he used is:

Until the lions have their historians, histories of the hunt will always glorify the hunter.

The proverb means that history is often written by those in power, and so it aims to portray them in a positive light. Even those who are not in power are not also able to tell their own stories and share their perspectives. Then the dominant narrative will continue to present a biased view of events that favours those in power. The proverb uses the metaphor of the hunt to illustrate this idea, suggesting that the hunter is celebrated in the story even though the lion was the one who suffered.

Hon Meth you and your cadres are the hunters. You only care and look out for yourselves and will take whatever trophy you can to enrich yourselves, with scant disregard on how you affect the pride which is the South African people. Yet the tale you tell of yourself is saving when you are killing.

When you are born in South Africa, generally you cannot rely on government to provide you a clean, healthy environment since resources for our health sector were stolen by the hunters at the Luthuli House. If not by themselves, by their sons and the daughters or friends of those in Luthuli House. Yet the tale of yourself saving is the one you tell when in fact you’re killing.

When you grow up in South Africa, by the time you are 12, there is an 80% chance you cannot read or write with comprehension. That further keeps the pride suppressed and allows the uncaring ANC hunters to abuse their access to power. Yet you continue to tell a tale of yourself of saving when you are in fact killing. When you live in this country, the ANC hunters, through their policies and action force the majority of the youth to be unemployed and vulnerable, making them dependent on handouts instead of fending for themselves

in an open market economy. Yet you continue to tell a tale of yourself saving when you are in fact killing.

These bloodthirsty ANC hunters only care for the citizens when they are at risk. In reality this happens at the polls, then suddenly promises are made and some efforts are put into improve some services, plastering over the cracks created through years of not being accountable. Accountability starts when party members stand up against mediocracy and corruption even within their own party. If you are a councillor and you protect the corrupt mayor, you should be ashamed. If you are speaker and you continue to protect a corrupt mayor for years, you should be ashamed. If you are a Member of Parliament that serve in this House, and you continue to protect incompetent and corrupt Ministers, you should be ashamed.

We are facing a crisis as South Africa. This can be seen in every aspect of our lives. From a failing health system in eight of the nine provinces to the energy grid that is teetering on collapse, to a deaf and dumb hunter ... [Inaudible] ... that must be removed to effect real change.

Hon Luthuli of the EFF, there is one thing I wholeheartedly agree with you and that is to remove the corrupt ANC from government. However, the truly sad thing is that parties like the EFF, GOOD and like the Patriotic Alliance then go back and vote keep this very same ANC in power. You then join the hunters to feed on the corpse of the leftovers after they’ve taken their spoil. The only true solution is to vote for the DA who has a proven track record in service delivery. Only then, will a true workable alternative be delivered, that will save our country and start the road to recovery for our beautiful nation. I thank you.

Mr I NTSUBE: House Chairperson, let me also extend my greetings to the Minister of Health and the Deputy Minister, the Chairperson of the Council and the Deputy Chairperson respectively and hon members.

Chair I did not know that the DA and the EFF were in the same mixture. Chair the last time I checked, the DA had declared the EFF as their enemy but seemingly now they are in the same WhatsApp group. Maybe Julius must know that Luthulis is working with Londt.

The responsibility of the ... [Interjections.] ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry hon Ntsube. Hon members, hackling is allowed but drowning the speaker at the podium is not allowed, please. Let’s have order and the decorum of the House. Hon Ntsube is protected.

Mr I NTSUBE: Thank you very much House Chair. House Chair, the responsibility of the opposition in South Africa is to bring no alternative at all. That responsibility is to oppose everything that the ANC brings to the table. That is why you hear hon Luthuli saying that our hospitals or healthcare facilities are turning into killing sprees and that is not true. There people who went to our healthcare facilities who are healed today, there are moms who gave birth there, there are people who have had surgeries and today we can attest to that.

We wish to say that the healthcare facilities are not a killing spree but are facilities that are sensitive and should be given such sensitivity as much as we deal with. House Chairperson, like it was 29 years ago, beamed with hope ... [Interjections.] ...

Mr J J LONDT: Hon Chair, May I ask a question?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry hon Ntsube. hon Londt, why are you disturbing?

Mr J J LONDT: Hon Chair, it is not disturbing. I am asking if I may ask a question, that is part of the House rules Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Okay. Let me ascertain whether hon Ntsube you are ready to take a question?

Mr I NTSUBE: No, Chair, I will not be able to take a question.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Ntsebe are you ready to take a question?

Mr I NTSUBE: No, Chair, we are here to proceed with the Budget Vote.

The HOUSE CHAIRPERSON (Mr A J Nyambi): He is not ready to take a question. Order. Continue hon Ntsube.

Mr I NTSUBE: Thank you Chair. Like I indicated, like it was 29 years ago when President Mandela sat at the Union Buildings with hope and great enthusiasm. Hon Minister, today you presented a Budget Vote with the same hope and enthusiasm for our people and it must be accepted with the same energy and hope.

Every year on the 12th of May, the Global Health Community observes the International Nurses Day, a significant day in the global health calendar. There is no question that nurses are essential to achieving the sustainable development goals as the largest healthcare profession in the world.

Throughout their lives, many people may only have access to nurses’ medical experts. As a result, nurses are frequently the most creative and ingenious in the approach to undeserved and unprivileged groups.

The ANC has placed health as critical priority of service provision as enshrined in the Constitution of the Republic of South Africa. Without quality healthcare, the development of the country can be hampered.

In the recent past, it is indeed true that the context of COVID-19 pandemic that the significance of nurses in particular was notable specifically as they were in many ways at the cold face of the COVID-19 response. It is therefore critical that in our engagement with the policy debate, we locate the importance of the human resources in health.

Also, importantly, being able to critically being able to critically reflect on the importance of prioritizing the wellbeing of healthcare workers within the public health system.

The strategic approach underscores the human resource for Health Strategy 2030 is that there should be concerted effort to deal with matters related to healthcare worker absorption, retention and capacitation in such a way that there are notable benefits on how to strengthen the healthcare system. Prioritizing amongst other things the development of health.

In order to do this, it is also necessary to take into consideration some of the current challenges affecting the healthcare workers across the country. This includes but not limited, mental illness among healthcare workers in general.

The current state of health profession and the challenges therein is the reality of the public health that is overwhelmed as well as the status quo that enables the two tier system that is largely inequitable and no longer fit for purpose for the transformation of endangering equality.

Being mindful of this, some of the considerable intervention that must be made should include that as part of the healthcare worker wellness, the Department of Health, in particular the provincial departments should ensure that strategic framework policy formulation and implementation level, the commitment of creating an environment where adequate support is offered who need it is upheld.

Chair, it is important to deal with this and responding to the challenges that exist. The prioritizing of development research that interacts within the qualitative experience of healthcare workers in general and their role in the health system in particular. This is an important agenda item in the journey of transforming the healthcare as a whole.

Prioritizing such research also being cognizant of the development and shift that are taking place in the higher

education landscape in the country more general. The essence of being embedded in how impact can be measured in the kind of research that are being undertaken.

Our research must not be research for the sake of it but must adequately respond to the policy gaps and implementation gaps that exist in the health sector. In order to achieve the best health outcomes, the basic requirements are a right mix of health workers in the right place at the right time with the right resources to perform their jobs.

Over and above, healthcare policy must include consideration of the extent to which nexus between the rapid urbanization, increase migration and climate change may impact on the Department of Health especially at the facility levels across the nine provinces with the quadruple burden of diseases global epidemic that is mental illness and other global challenges confronting the health sector as alluded earlier by the previous speaker that spoke here.

The role of the healthcare workers in achieving sustainable goals cannot be undermined. As seen through the Budget Vote, emphasis should still be placed on the education training

needed. The interventions that continue to be made through entities such as SA Medical Council Research, SAMRC, and programmes such as Nelson Mandela Medical Fidel Castro Medical Training Programme in Cuba.

Another critical area which requires attention in building health human resource capacity is the training component. Chairperson, this requires higher education institutions to expand their training capacity. Many universities in South Africa have increased health practice training programmes but this is an area which requires continuous development as it requires transformation particularly informally white institutions which do not have equitable access to historically disadvantaged persons.

We should also implore higher education institutions to infuse governance and financial management skills in bachelor of medicine and bachelor of surgery. This is important because many doctors who join the public health system develop into managers and such management and financial skills are critical in the health sector.

Our health institutions are led by health professionals and they also need to be capacitated to manage these facilities. Nursing colleges are also a critical pillar in developing health capacity in the nation. We need to develop more programmes to build capacity of community health workers to effectively provide support to patients to provide various health provisions.

Hon House Chair, the ANC needs the 55th National Conference and has resolved on specific focuses as it relates to women health. It notes the health of mothers and children as the key developing achievement and equity. South Africa is said not to be on track to meet the three interrelated minimum development goals concerned women as set out by other members of the United Nations.

Women self-including universal access to reproductive health services as human rights and a choice of termination of pregnancy must be prioritized in all public and private healthcare facilities. Focus on women health must include the psychological effects of miscarriage. Mental health should continue being a priority as this impacts many youth and adults confronted by various challenges.

Chairperson, as the ANC, we are of the position that the school curriculum must be reformed to avail mandatory programmes of mental health. Statistics of males who commit suicide is high and this speaks to the level of mental health.

Hon House Chair, as argued by previous speakers, there is indeed a signage in the return on investment on research on developments from both human resources at clinical level. It is therefore this signage that will inform how the public health sector can ensure that there are improvements in both the quality of health and patient outcome.

Similarly, this thinking must be anchored on the premise that the achieving universal coverage is indeed the best way to transform the health sector and that it is rested on the successful finalization of the National Insurance Health, NHI, Bill that health equity will be achieved in South Africa in our lifetime.

Chairperson, we just wish to put it to the Minister that we know of the developments that are happening in terms of the load shedding. We wish to say to the Minister that he should engage his colleagues in the Cabinet that all health care

facilities must be exempted from load shedding and water shedding. Because without these, we see many problems in our clinics and hospitals.

Chairperson, we must upgrade the clinic and hospitals in order to be compatible to be able to respond to our people’s needs. Minister, there is a hospital in particular, Manapo Mopedi in Qwaqwa which needs serious attention. There is Pelonomi in Bloemfontein and Botshabelo Hospital which needs serious intervention from the national government.

Chairperson, while we note the achievement we have made thus far, we appreciate that more must be done. Chair, having said this, we wish to appreciate and give a round of applause to the Department of Health for succinctly dealing with COVID-19 the way they did.

Chair, we think and hope that the same efforts and energy must be directed to cancer, Aids and all other disease that we have. We must expedite state capacity in order to have state research and a vaccination hub that will respond to the existing diseases and those that are yet to come. For us to be unable to give our money to private capital when there are

diseases, the state must have an expanded state capacity so that we are be able to respond to our people’s needs.

Chairperson, in conclusion, with the number of the records of the strides we have made as the ANC to the introduction of the NHI Bill, which is supported by many of us, unlike the DA that wants to give the healthcare responsibility to the private capital so that one person can benefit over the other and the EFF that is always day dreaming.

We have won the hearts and minds of our people over the strides that we have made ever since we took power. That is why next year our people will give the ANC two thirds of the majority for them to be able to continue with the programme of national democratic revolution. Thank you very much Chair.

The MINISTER OF HEALTH: Hon Chairperson, let me thank all the hon members for their spirited participation in this Budget Vote, including of course, those with the very narrow focus, parochial focus and understanding of South Africa. Let me just remind hon members from the DA that they must peace with the fact that South Africa is a unitary state. There is no state called the Western Cape. Until such time that they make peace

with that, they are going to be out of line and every time they speak it looks like they all suffer from the same illness. Once something is written from their masters, even when we deal with the issue, they cannot actually acknowledge and say that this is a progress we are making as a sector and also as a country. So, we have nine provinces, 52 districts and over 300 municipalities which constitute the Republic of South Africa. There is no Republic of the Western Cape.

I want to say that I am quite grateful for the fact that, notwithstanding this narrow view of the DA leadership, within the health sector including the MEC from this province, sometimes she gets lost, some time when they have given her some particular notes but overall as the health professional I find that she remembers that she is part and parcel of the health of the team and we work fairly well together in focusing on improving the quality of health services for all South Africans.

You see, people travel throughout, the whole of the country and even beyond South Africa. So, as we improve our services we are looking at it as the national service, acknowledging the fact that somebody who might ordinarily live in Cape Town

tomorrow will be getting a job in Johannesburg, in Durban and other places. So, our focus as a team, is to make sure that we improve quality health service for the whole country.

So, I want hon members, was it Pretorius, to disabuse himself and his party from an approach that suggests that when there is a challenge in terms of the funds and revenue allocation. You know, he point out that the Western Cape will reduce this as if there is a particular target to reduce the allocation to the Western Cape specifically. When we work, we work on the basis of the fiscal and that is how we get allocated and when there are particular challenges we request for a particular funding and Treasury will allocate according to what is available. We always lobby. I can tell you, hon members that right from the top, from the President who has got a very soft spot in towards the health services, the Minister of Finance himself is also very supportive but they have to work within the fiscal which is available and we always try to push the boundaries in terms of more allocation. I can assure you, from the political leadership, nationally, the colleagues, I am sure all of you have seen the colleagues even on virtual platforms that we do have a very committed and spirited team of political leaders. I can assure you that also at the

administrative level, led by our director-general and the team sitting here that what we need hon members is your support. We do have challenges, there are many and I can assure you that the fact that, even though we had a serious impact of the COVID-19, the fact that we emerged out of that without the collapse of the system notwithstanding all the pressure.

What is says to us and the message to us is that even the bigger project of making sure that we can improve the quality of services is doable. I want to leave you with the request again to say when the National Health Insurance Bill finally goes through the NA and comes to the NCOP please support it because you are only doing it for the good of all South Africans. I hope that even the DA members will not go according to the script but will use their own conscience.

They always tall about conscience. Please use your conscience when the National Health Insurance Bill comes the NCOP because it is for you, for your children and for your grandchildren.

Thank you very much.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you, hon members that concludes the business of the day. I would to thank Minister Dr Phaahla, Deputy Minister Dr Dhlomo, permanent

delegates, MECs from our respective provinces that were represented in the NCOP, all special delegates for availing themselves for this sitting. The House is adjourned.

Debate concluded.

The Council rose at 17:22.