# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1225**

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**(INTERNAL QUESTION PAPER NO. 13)**

**Mr A F Mahlalela (ANC) to ask the Minister of Health:**

Whether adequate funding from the budget is being allocated to Primary Health Care in each province in line with the prescribed norms and standards; if not, (a) what is the (i) allocation amount and (ii) shortfall in each province and (b) what steps are being taken by his department to ensure that provinces allocate adequate funding to Primary Health Care; if so, why is Primary Health Care not achieving the intended results?

###### NW1364E

**REPLY:**

1. **Eastern Cape**

(a) (i) The amount allocated to Primary Health Care in the province is R9,9billion out of R20,2 billion which is 49.2% of the total departmental budget allocation.

(ii) Given to the negative fiscal outlook, the provincial allocation is adequate to achieve the PHC intended results. This is further confirmed by the fact that the province did not incur unauthorised expenditure for the 2015/16 financial year.

(b) The department believes it has adequately allocated budget to PHC, but will henceforth strengthen the alignment of its budget to the achievement of results and will be strictly monitoring this on a monthly basis.

1. **Free State**

(a) (i) Budget allocated for Primary Health care at Free State for Primary Health care, under budget program 2 excluding district hospitals and coroner services is R 2, 46 billion. An additional amount of R 1.1 billion comes from Conditional grants (HIV/TB grant, NHI) is made available to supplement voted funds.

(ii) The short fall at PHC level is estimated at R 72 497 350. 00 to fill critical posts in five district in Free State. However, additional funds will be required as the Free State Province is expected to operationalise 7 new clinics with a staffing cost estimated at R 66 758 770.00 these funds were not budgeted .

(b) The department ensure that 66 % (3,7 billion) of Budget program 2 is allocated to PHC. The Department has engaged with national and Provincial Treasury to address the financial constrains experience

Priority implemented at PHC are not sufficiently budgeted for , these include but not limited to:

* Expansion of clinics to be roll out in the ideal clinics program from 50 to 104 in 2016/2017.
* Roll out of NHI in other districts.
* Expansion of PHC re-engineering teams (Ward based outreach teams, School Health teams ).
* Appointment of critical clinical posts (nurses and doctors).

1. **Gauteng**

(a) (i) Total allocated budget for Primary Health Care is R12,6billion for 2016/17 financial year

(ii) No shortfall identified currently, still awaiting WISN and Ideal clinic report to establish any possible shortfall

(b) Primary Health Care receives 33.7% share of the total budget to address the primary health care needs and ensure that communities access this services before referrals to higher level hospitals.

1. **KwaZulu-Natal**

(a) (i) Allocated budget for Primary Health Care (PHC) in 2016/17 financial year is R17,4billion which is equivalent to 47.5% of the total budget allocated to the Department.

(ii) There are no specific norms and standards however the proposal is that 60% of the total budget allocation be allocated to Primary Health Care. This financial year PHC allocated 47.5%.

(b) The Department is planning to increase allocation to PHC within the current MTEF as Follows:

2016/2017 financial year: 47.5%

2017/2018 financial year: 48.8%

2018/2019 financial year: 50%

In terms of not meeting the intended results, the following contribute:

* Resource limitations
* Human resources - Ward Based Outreach and School Health Teams and Data Capturers to capture community based data

1. **Limpopo**

Primary Healthcare in Limpopo Province is not adequately funded as results of the total health budget deficit.

(a) (i) The allocated amount for 2016/17 financial year is R8.6 billion. This is 53% of the total allocated budget for Health in Limpopo Province.

(ii) The overall shortfall on health budget is R1.9 billion that will allow for adequate Primary Healthcare funding.

(b) Priority is first given to Primary Health Care service programmes when budget is allocated. The shortfall on the funding of Health in Limpopo Province is being discussed with the Provincial Treasury for consideration in the current and future Medium Term Expenditure Framework allocation.

1. **Mpumalanga**
2. (i) The prescribed norms and standards for the allocation of funds for Primary Health Care is 60%. The Primary Health Care in Mpumalanga is being allocated adequately according to the norms and standards.

(ii) The budget allocation for PHC (District Health Services) is R6,4billionout of a total Budget of R10,6billion ,which is 59.7%.

(b) There are norms and standards that are guiding funding in the provinces especially for the Primary Health Care.

The following are the reasons that are attributed to Primary Health Care not achieving the intended results:

* Increased burden of diseases linked to the socio-determinants of Health such as poverty.
* Lifestyle: sedentary lifestyle which contributes to an increased number of people with diseases of lifestyle such as Obesity, Hypertension and Diabetes.
* Community orientation to care is still hospi-centric towards utilisation of PHC services where patients bypass PHC facilities.

1. **Northern Cape**

(a) (i) The allocation amount for 2016/17 is R666.659 million which comprise of R402.741 million for Community Health Clinics and R263.918 million for Community Health Centres.

(ii) The shortfall for PHC Re-engineering is R158.346 million, while the shortfall for Operation Phakisa: Ideal Clinic is R113.517 million.

(b) The department is developing plans continuously presented the budget bid (Annexure A) to the Provincial Treasury for consideration, but was not successful. District Health Services is also rationalising the limited resources within the districts to ensure focus on Key/ priority areas.

***ANNEXURE A***

**DETAIL OF BUDGET BIDS**

1. **OPERATION PHAKISA: IDEAL CLINIC**

The **Operation Phakisa: Ideal Clinic** initiative sets the standard and requirements for both clinics and community health centres to be able to provide high quality care in order to primarily reduce waiting times, improve availability of medicines and related supplies; improve staff attitudes for the patient to have a positive experience at a public health facility. The set standards are to be achieved over a 3-year rollout period for all clinics and CHC’s.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **2015/16**  **R’000** | **2016/17**  **R’000** | **2017/18**  **R’000** |
| Staffing | R 53 394 | R21 680 | R25 262 |
| Infrastructure | R 29 870 | R 23 667 | R17 209 |
| Equipment | R 22 813 | R 19 793 | R21 894 |
| Capacity Building | R 7 440 | R 2 845 | R 5 745 |
| **Total** | **R113 517** | **R67 986** | **R70 107** |

1. **PRIMARY HEALTH CARE RE-ENGINEERING**

The implementation of **Primary Health Care re-engineering** posed financial challenges. The model in SA is the PHC Re-engineering platform being established across the country based on 3 complementary components: namely establishment of Ward-based Outreach Teams using community health workers; Integrated School Health services using mobile clinic vehicles especially modelled for this service (dentistry and ophthalmic services included); establishment of District clinical specialist teams (DCST’s); and Contracting of GP’s to public health facilities at the PHC level.

The health system transformation seeks to redirect health service delivery to the periphery; at the level of the family, schools and primary health care facilities in the community. The WBOT’s are meant to be the most important platform for the success of PHC re-engineering due to the fact that their focus is preventive, promotive and rehabilitative health care, thus eventually redirecting the traffic to clinics and alleviating the current strain felt particularly by poorly staffed facilities. The shortfall on budget is outlined below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **2015/16**  **R’000** | **2016/17**  **R’000** | **2017/18**  **R’000** |
| Staffing | 137 320 | 147 207 | 155 745 |
| Goods & services | 6 714 | 7 130 | 7 544 |
| Capital assets | 14 312 | 15 200 | 16 081 |
| **Total** | **158 346** | **169 537** | **179 370** |

1. **North West**

(a) (i) The total allocation amount for Primary Health Care is R4.9billion out of a total budget of R9.5 billion, that is 52.2% of the total budget.

(ii) It is difficult to estimate the shortfall but judging from the fact that the programme ended the year with accruals of R308million, one can say that the shortfall is around this figure. Taking into account the fact that the Department as a whole could not appoint staff due to the dire financial situation, the real shortfall could be around R500million.

(b) We are looking at improving internal efficiencies and right-sizing to bring current expenditure within the available budget. The main reason for non-achievement of targets in Primary Health Care is inadequate funding but as mentioned above the Department is also looking at right-sizing and improvement of efficiencies.

1. **Western Cape**

(a) (i) There is definitely a shortage, but it is difficult to determine the true extend of the deficit as it depends on what the standard is.

(ii) The total budget allocation breakdown for Programme 2 is:

|  |  |
| --- | --- |
| **Sub-programme** | **2016/2017** |
| 2.1 - District Management | 341 455 |
| 2.2 - Community Health Clinics | 1 170 680 |
| 2.3 - Community Health Centres | 1 862 828 |
| 2.4 - Community Based Services | 193 787 |
| 2.5 - Other Community Based Services | 1 |
| 2.6 - HIV/Aids | 1 341 104 |
| 2.7 - Nutrition | 44 087 |
| 2.8 - Coroner Services | 1 |
| 2.9 - District Hospitals | 2 872 373 |

(b) The Western Cape Department of Health’s portion of the total provincial budget is R19.9billion thus equating to 36.33%. The total budget allocation for Primary Health Care out of the overall allocation is 39.2%

END.