



Member of the Executive Council
for Health
FREE STATE PROVINCE

SPEECH DELIVERED BY THE MEMBER OF THE EXECUTIVE COUNCIL, THE HON. BUTANA KOMPHELA (MPL), ON THE OCCASION OF THE PRESENTATION AND DEBATE OF THE BUDGET VOTE FOR THE DEPARTMENT OF HEALTH, HELD AT THE FOURTH RAADSAAL, BLOEMFONTEIN, 27 MARCH 2017

Hon. Speaker;

Hon. Deputy Speaker;

Hon. Premier of the Free State Province;

Hon. Members of the Free State Provincial Legislature;

Hon. Members of the Executive Council;

Executive Mayors, Speakers and Councilors;

Representatives of the Mountain Kingdom of Lesotho;

House of Traditional Leaders;

The Director General;

Heads of Departments, Senior Managers in all spheres of Government and CEOs of State Entities;

Office of the Auditor-General;

Office of the Public Service Commissioner;

Office of the Human Rights Commission;

Members of the Business Fraternity;

Representatives of Labour Unions;

Leaders of Faith-Based Organisations;

Leaders of Non-Governmental Organisations;

Media Houses;

Comrades, Compatriots and Esteemed Guests:

Ladies and Gentlemen:

Honourable Madam Speaker,

A story is told that in 1983, the late President of the ANC, Cde. OR Tambo, delighting in holding his first grandchild, Sacha, suddenly collapsed. As he struggled with this violent attack (an arterial spasm) on his body, he heard his wife, Adelaide, calling on him to **“fight back!”**

He later recounted to Cde. Adelaide how:

“...the excellent nurse in (Adelaide) had come to the fore and took charge as he battled to return to a conscious state...” (quoted in **“Beyond the [Engeli] mountains, more mountains”** by Luli Callinicos

Today, OR Tambo calls on us to **“fight back”** and today, in the year he would have been a 100 years old, it is his voice and those of other *Izithwalandwe* who called on us to **“fight back”**. That call to **“fight back”** continues to echo loudly in each one of us in the ANC.

Today, Madam Speaker, I intend to focus my presentation to the most pertinent issues regarding the provision of good quality health care services in the Free State.

In our January 8 Statement of 2017, the ANC enjoins us to:

“...build new clinics and community health centers as these have multiple benefits. Many jobs are created during such construction and the affected communities will eventually have new medical facilities...”

The Statement notes that life expectancy had increased from **60 years in 2012 to 62, (nearly 63 years) in 2014**. The massive improvement in life expectancy has largely been due to the success of our vigorous fight against HIV and AIDS. However, we remain concerned about the rate of new **HIV infections** among adolescent girls and young women between **15 and 24 years**.

The ANC therefore calls on all South Africans to participate in the newly launched **“whole government, whole society”** campaign which aims at reducing new infections among many young women. Young girls and boys must focus on their future as the next generation of leaders in our society.

Ha ke ntse ke le mohlankana, Mme wa ka one a mpoella hore, “Butana, ngwanaka, o felle molomong fela, ha e le thekeng, o seke wa leka ho ya”

The ANC government remains committed to universal healthcare coverage. Hon President Jacob Zuma pronounced in his State of the Nation Address of 2017, that: ***“...the National Health Insurance (NHI) is our flagship project that is aimed at moving South Africa towards Universal Health Coverage...the NHI will be implemented in a 14-year period in three phases...we are in the midst of the first phase, which is the preparatory phase, which started in 2012.”***

As the late El Comandant Fidel Castro, correctly observed to an audience in the United States in 1999 that ***a person who lives 50 years – (you surely know a lot of them and have many relatives like that) – we would very much like to live 10 more years, 20 or 30 more years. And 74 years – olds [like the Premier and myself]... we would like to live five, eight or even 10 more years to see how the world evolves.***

And why not?

More than tens of millions of people die every year whose lives could be saved. There are children among that number – millions who die – teenagers, young people and adults, who also die for lack of treatment or some disease that was not treated timely or because of some malformation that could be mended or because they needed surgery or an orthopedic operation after an accident.

It is not known how many people who died but could have been saved or how many old people could live a little longer.

This is why the National Development Plan implores us to, inter alia:

- a. Increase the average male and female life expectancy to 70 years;***
- b. Progressively improve tuberculosis (TB) prevention and cure;***
- c. Significantly reduce prevalence of non-communicable chronic diseases;***

- d. Complete health systems reforms by integrating the different parts of the health system;*
- e. Universal health care coverage by ensuring that everyone has access to an equal standard of care, regardless of their income, colour or status; and*
- f. And to fill posts with skilled, committed and competent individuals, thereby increase the capacity to train health professionals.*
- g. Train more health professionals to meet the requirements of the re-invigorated primary health care system.*

The realisation of radical socio-economic transformation is highly dependent on our ability to produce positive health outcomes as envisaged in the **National Development Plan Vision 2030** outlined above, as well as the **United Nation's Sustainable Development Goals**.

Madam Speaker, it is our ability to strike a healthy balance between developing a strong preventative primary health care system and building a responsive curative capability of our health care that will enable us to meet the health care needs and aspirations of our people, and we should do this as an inter-departmental team.

It is this capability that will also ensure that we meet the **national electoral injunctions** that have seen health being elevated to the **number 2 national priority** in our country and the commitment of ensuring an increased life expectancy towards a **“Long and Healthy Life”** for all our people.

In this regard, Madam Speaker, let me restate the commitment of the Department to pay greater attention to fighting the **Quintuple Burden of Diseases** in the form of:

- HIV and Aids
- TB
- Maternal and Child Mortality
- Non Communicable Diseases
- Trauma, Violence and injury, and
- Mental Health

We are indeed faced with an elasticity of the burden of expectations. On the one hand, **we have tight global economic pressures with very low economic growth prospects and a very tight space to manoeuvre.**

We are also faced with real expectations of the Developmental State to intervene in alleviating the plight of its people against these tight pressures imposed by the global economic down turn. That is why, over the 2017 MTEF period there is no room for expanding government employment. Government departments are expected to continue decreasing the budgets of non-essential goods and services. We are also expected to manage our personnel numbers down.

When coming to infrastructure, focus will mainly be on maintenance of existing infrastructure than on new projects.

Honourable members, I am pleased to inform you that the Department of Health is now stabilised and the financial situation has improved.

The **2016/17** adjusted appropriation on **compensation of employees** is **64.5%** of the total budget and **65.8% in 2017/18** whereas the National Department of Health recommends that for a health system to be effective, the personnel expenditure should be **60%** or less. We will continue to work towards this target.

Outlook for the Coming Financial Year

The final budget allocation for the Department of Health for **2017/18** is **R 9,775 billion** which represents a nominal increase of **8%** from **2016/17** while the revised CPI projection is **6.4%**.

This is a real increase of 1.6% on the budget allocation with the revised inflation projections being as follows:

2017/18	2018/19	2019/20
6.4 percent	5.7 percent	5.6 percent

Medical costs are increasing at higher than the average inflation and the budget of Department of Health is negatively affected. Despite this nominal below inflation increase in our allocation the following, which are non-negotiables in the health sector, will be budgeted for.

Medical costs are, amongst others, for:

- Medicine
- Patient food
- Security Services
- Infection control including laundry and cleaning materials
- Laboratory services
- Blood supplies and services
- Essential equipment

These are essential to the sustainability of the health care services.

Programme 1: Administration

In our endeavor to bring stability in leadership we will continue to appoint CEOs and Management Teams where these posts are vacant. We have also appointed doctors and nurses to ensure that our communities receive the best possible medical care we can give.

For management of **Remunerative Work Outside Public Service (RWOPS)** we have appointed the **Ethics Committee and the Ethics Officers** who will ensure compliance with all relevant RWOPS legislations. We do this to ensure that all employees dedicate their time to the work they are employed to do and no private work is done during working hours.

In improving data management in health facilities, we have connected 55 Clinics to broadband in order to enable the clinics to have access to our health systems for ease of data transfer. This will improve continuity of care.

Madame Speaker, we are serious about improving our audit outcomes. Treasury is providing technical support in this regard. We have therefore developed and implemented **Audit Action Plans** and we are continuously assessing our performance in this regard.

We are strengthening security in all our institutions. We will install both biometrics and sophisticated surveillance systems in our institutions, noting that just a week ago, there was a break-in at **Bohlokong Clinic in Bethlehem** and **Tina Moloji in Qwa-Qwa**.

However, we need to remind our communities that these facilities belong to them and they should take ownership of them, and further ensure that no vandalism will take place while we are able to stop it.

Madam Speaker, it is a fact that corruption is a cancer in our society that derails efficient service delivery from reaching our people, we commit to continue to work hard to eliminate it in all its manifestations, wherever it raises its ugly head.

The Budget allocated for this program 1 is R 279 million which is 2.9% of the total budget.

Programme 2: District Health Services

Madam Speaker, this program is the **heart beat of Health Care Services in our Province** and that is why we have allocated **40.9%** of our budget to it.

HIV & AIDS

The functioning of the Provincial Council on AIDS has improved and this augers well for our efforts in the fight against AIDS.

In the current financial year, as at the **end of December 2016**, we have realized the following achievements:

- In HIV prevention, the distribution of more than **28 million** male condoms and **808 000** female condoms against the targets of **48.9 million** and **873 000** respectively;
- The Province has also strengthened its medical male circumcision program by enlisting the support of general medical practitioner groupings.

- **29 266** medical male circumcisions were performed against the target of **41 000** in collaboration with our partners. This will increase to **38 069** in the new financial year.
- We planned to test **652 000** people and already tested more than **512 000**. With intensified screening we will again test more than **half a million** people in **2017/2018**.
- **32 922** new clients were started on **Antiretroviral Therapy (ART)** against the planned **52 249** and further **33 670** will be initiated in **2017//2018**.
- Our ART programme currently has **194 503** active clients on treatment and they will increase to **264 943** in the next financial year.

The Province has embarked on the **Universal Test and Treat** as it was unveiled by the Hon. Minister Motsoaledi during the last **International HIV/AIDS conference in Durban 2016**, which the Hon. Premier also attended. We are therefore forging headway towards achieving the **90/90/90 targets** in **2020**.

TB CONTROL PROGRAMME

In dealing with the challenge of TB, we have purchased **six buses** that will be used to render primary health care services in the remote areas of the Province. The utilization of these buses will assist us in improving the management of TB.

Furthermore, we have purchased 20 Kombis for TB Planned Patient Transport. These will assist us in ensuring that we curb cross infection, amongst patients as we transport patients from facility to facility for accessing of higher levels of care and referrals.

We have also improved TB screening from **66.6 % to 70%** of the Primary Health Care headcount. To assist in improving our services on TB management, **448 nurses** were trained to initiate newly diagnosed **MDR** patients.

The following are some of the returns of our endeavors in dealing with the scourge of TB, as at the end of the **3rd Quarter of 2016/2017**:

More than **3.79 million** users of our Primary Health Care facilities were screened for TB against the target of **5.3 million**. We will screen **80%** of the total PHC headcount in 2017/2018.

We are concerned over the loss of some of our patients due to several challenges including the lack of **formal addresses, seasonal employment and migratory labour**. This has resulted in **6.4%** of our patients being lost to follow-up against the target of **<5%**. Some patients relocate without informing their clinics. Through the implementation of the **National Strategic Plan (NSP): 2017-2022**, we shall keep the loss to follow-up to less than **4.8%**.

Nonetheless,

- Against the target of **79%** for the new **Pulmonary TB cure rate**, **74.3%** was achieved. We shall improve the TB treatment success rate from the current **82.3% to 85%** and raise the cure rate to **79% in 2017/2018**.
- The current TB death rate of **7.5%** will reduce to **≤7.2%**.

We appeal to the community to play its role in assisting their next of kin to adhere to TB treatment whilst at home.

Hon. Speaker, we would therefore like to extend our invitation to this august house for the **World TB Day**, with its **flagship** being the launching of the **NSP: 2017/2022**.

The **World TB Day** was commemorated on **24 March 2017** but the South African chapter will take place here in Mangaung on the **31st March 2017** hosted by the Hon. Deputy President, **Cyril Ramaphosa**.

The commemoration of World TB Day has been preceded by a number of pre-event activities throughout the Province. With **Ngwathe** Municipality in **Fezile Dabi District** standing at an alarming 7,5% death rate, I personally chaired a **dialogue of leaders** under the theme **“Unite to End TB and HIV: South African Leaders Taking Action”** on 17 March 2017. The lessons learned will be compared with other national best practices to formulate a common national leaders platform for action.

Mental Health

Hon Speaker, two weeks ago, we presented to Parliament, the state of mental health in the Province. Whilst our challenges are not too bad, we have

acknowledged the fact there are gaps that we need to deal with in addressing the promotion of Mental Health in the Province.

Together with the MEC for Social Development, Hon. Dimakatso Mahasa, we are preparing a Memorandum of Understanding (MOU) in order to improve the quality and appropriateness of care of mental health patients that are treated in social development facilities and institutions. We also agreed at EXCO that we need to prioritize the infrastructure at the Free State Psychiatric Hospital.

We will intensify the prevention of the onset of any substance abuse, early detection and provision of treatment including detoxification. We will collaborate with all our Government Departments in ensuring that drug abuse is eradicated. Collaborative leadership is needed to deal with this problem and I implore all of us to do our part. It is our commitment destigmatize mental health. As a result we are screening everyone for mental health in order to determine an appropriate timeous intervention.

As at the end of the 3rd Quarter more than **1.3 million** Primary Health Care users had been screened for mental illness and the Province had a total of **45 996** mental health care clients. The total number of people admitted for mental illnesses amounted to **1 716**.

To kick-start the implementation of the **National Health Council resolution on Mental Health**, we have appointed a multi-disciplinary **District Mental Health Specialist Team**, consisting a **Psychologist, Psychiatric Nurse, Occupational Therapist, and Social Worker** in **Thabo Mofutsanyana** to enhance mental health care services. With funding provided, similar teams will be rolled out to the other four (4) health districts.

There are five (5) district Mental Health Coordinators one in each district to ensure the integration of the mental health services and the implementation of the mental health program at all levels of care.

Maternal, Child and Women's Health

In our endeavor to decrease Maternal and Child Mortality, we have procured twenty (20) maternity ambulances and allocated them to the designated delivery sites to improve inter-facility transfers.

We are currently implementing a strategy in all hospitals to reduce maternal and child mortality which is called CARMMA (Campaign on Accelerated Reduction of Maternal Mortality in Africa). The implementation of the CARMMA strategy, including the activation of dedicated maternity ambulances, will help drive down the facility maternal mortality ratio from the current **157 per 100 000** live births to **125 per 100 000** live births. This figure is still way too high, it requires of us to double our efforts of reducing it going forward.

We have been able to empower couples around reproductive health care. As a result we have achieved a protection rate of **47%** against the target of **60%** and with intensified focus on reproductive health care, we shall increase it to **65%**.

Basic Antenatal Care (BANC) is implemented in all our Primary Health Care facilities and **67 nurses** have been trained on **Advanced Antenatal Care**. We continue to encourage our pregnant mothers to book early for antenatal care, with a view to improving the rate for those booking before **20 weeks** of pregnancy from the current **66.1% to 70%** in 2017/2018.

In 2016, hundred and ten (**110**) health professionals were trained on management of **obstetric emergencies** to ensure that no mother dies when giving birth to a child.

The Province has developed a strategy to reduce maternal deaths due to non-pregnancy related infections. This is aimed at ensuring that all pregnant women who test positive at first visit are initiated on Anti-Retroviral Treatment. In the first three quarters of 2016/2017, **92.4%** of the **5 871** eligible antenatal clients were initiated on ARTs.

To reduce mother to child transmission of HIV we have initiated **98%** of pregnant women on ART's. In pursuit of elimination of Mother to Child Transmission of HIV we are happy to announce that we are standing at **1,1% transmission rate**. We will continue with this programme until we reach a zero transmission rate.

We have reduced under five diarrhea case fatality from **2.8% to 2.3 against a target of 3%**.

The Province has maintained the functioning of the six breast milk banks to decrease infant mortality. Through our nutritional supplement programme, we have achieved Vitamin A coverage for children under **5 years at 66% against the target of 65%**.

Health promotion

In collaboration with our clinic communities, **73** clinics established and sustained gardens that produce fresh vegetables which are given to patients who have been identified to be in need of food.

The Province established **26** support groups for non-communicable diseases and these are meant to support patients who are suffering from non-communicable diseases.

PHC Re-engineering

The healthy collaboration between the Departments of Health and Education has been maintained and it has resulted in the successful provision of school health services to **Grades R, 1, 4, 8 and 10 learners**, including **deworming** for the prevention of worm infestation in children.

The Department has implemented the Human Papilloma Virus (HPV) for the prevention of cervical cancer and **93% of girl learners** were vaccinated. As part of our school health campaigns, we will continue to conduct school health campaigns to improve health screening of learners as well as further sustaining the HPV campaign to **Grade 4** learners. This will contribute to the control of cervical cancer and reduce associated mortality.

We will also improve the provision of contraceptives and the humane manner in which these services are provided to all service users in the Province.

The challenge with regard to breast feeding is that poor socio-economic conditions impact on the fight against malnutrition in children, as well as the prevention of childhood diseases.

In dealing with malnutrition in the Province we need to collaborate with other relevant departments like Social Development, Education and Agriculture and Rural Development, Hon. Tate Makgoe and Hon. Oupa Khoabane.

In improving Primary Health Care services we will be expanding the **Ward Based Outreach Teams** (WBOTS) to 98 and the distribution will be as follows:

- Fezile Dabi – 13
- Lejweleputswa – 18

- Xhariep – 11
- Mangaung Metro – 21
- Thabo Mofutsanyana – 35

On rural health, we will take services to the people by constructing cluster “two-person clinics” that our rural health nurses can visit at these farming areas for our patients to converge to. This will be economical whilst providing services. This will be particularly helpful in those areas where the roads are inaccessible.

In the gallery today, we have Rev. Peter Grove and his wife Marietjie Grove from the Missio Deo Foundation. Under their leadership, this foundation involving farmers in the area has established a clinic and a school, amongst others in the Stofberg farm areas of Ficksburg.

The National Health Insurance (NHI) is South Africa’s strategy to move towards Universal Health Coverage (UHC) and represents a substantial policy shift that necessitates a massive re-organisation of both public and private health sectors.

Honourable Speaker, NHI will address the disparity that exists between the Private Health Sector and the Public Sector. Of the 2.7 million the Province has 2.2 million (82%) uninsured population and 495 thousand (18%) of insured population. Using the South African GDP of 8.5% on Health, it is extrapolated that only 18% of the population belongs to medical aid schemes and have access to private medical treatment, receiving 4.4% of (8.5%) GDP. Whereas 82% of the population is dependent on the public sector for health services, which are often of a much poorer quality, receive 4.1% of (8.5%) GDP.

NHI is being implemented in a phased approach over a 14 year period that started in 2012 and the first phase will end at the end of March 2017. Since the roll-out of the NHI and piloting in Thabo Mofutsanyane District, the following have been achieved:

- **Health Patient Registration System (HPRS)** has been developed and implemented to provide **Patient Registry and Master Patients Index (MPI) Services** using the South African Identification Number. This prevents patients from indiscriminate clinic hopping to obtain medication illicitly.

- Since waiting times is one of the largest contributors to poor patient satisfaction levels in the Public Health Care system, it has now been significantly reduced with improved management of patients and better administration systems - **HPRS** has shown to be effective in this regard.

The Department will continue with the **Back to Care Health Hlasela Outreach Programme** which in the past has given us valuable information on health care status of our communities. It is through this program that we engage with our communities on health care service delivery and monitoring.

In partnership with Transnet Foundation Health Portfolio, we are implementing the Health Outreach Programme through the Phelophepa Health Care Train to reach the following towns: Thaba Nchu, Kroonstad, Harrismith, Ficksburg and Welkom (between the period of 21 March 2017 to 02 June 2017). This train will be parked in all these stations for a period of two weeks each.

The Budget allocation is R 3,993,592,000 which is 40.9% of the total budget.

Programme 3: Emergency Medical Services

Improving Patient Care

We have introduced a 24 hour helicopter service in our Province in order to close the gap of resource shortage and to take Advanced Life Support (ALS) services to the people. The helicopter is currently used for emergency response to critical incidents, ICU transfers, outreach work for doctors and specialists.

We have reviewed our service model by reducing the number of response vehicles in areas that have less than 30 critical cases per month and all the staff that worked on these vehicles have been deployed to work on ambulances.

The introduction of the Arrive Healthy Campaign has managed to assist us in reaching out to our visitors and people using the 5 key national roads crossing our province, all key provincial roads as well as the municipal roads during festive and peak seasons. During these campaigns more than 30 000 condoms were distributed, more than 1 500 road users were assessed for medical conditions that might contribute to accidents causes such as blood sugar level, high blood

pressure, eye sight and also offered TB screening. This campaign is an essential contributor to curbing road fatalities.

We continue to build links and relationships with private ambulance services, so that we share the rising work load of our patients. We will continue with our partners through whom we have already transported 3 800 cataract patients (within three days during World Sight Week of 2016 which was held from 10 to 14 October 2016). These patients were transported from various Xhariep towns to National District Hospital in Bloemfontein for cataract operations. This programme will be implemented frequently to expand our reach of eye care services.

All our EMS staff uniforms have been changed to flight suits in line with the budget speech injunction of last year 2016/2017. Our Staff had wanted to look and compete with private sector and we have delivered. This has emboldened their look and bolstered their morale.

We are currently scheduling 12 more Maternity Ambulances as part of the strategy to reduce the maternal deaths. Honourable Speaker, this has become possible because of our involvement with private ambulance service providers where we have been able to procure more ambulances as a result of the saving realized from this relationship.

We will adopt a phase-out approach as we continue to procure more fleet. Our response times have markedly improved over the years as the inter-facility function has been performed by the private service providers.

We will continue to widen our partnership with the University of Johannesburg in training EMS staff on advanced courses. The discussions are at an advanced stage.

Madame Speaker, we have noticed that the crime rate is on the rise on EMS officials. Staff are being attacked and robbed by criminals whilst attending to emergency calls. We urge our communities to assist us with stopping this barbaric conduct of those who are working against the progress of our nation.

We are forging ahead to brand all EMS vehicles with the new National branding that is approved for all provinces.

The budget allocation is R 590,777,000 [6.0% of the total budget].

PROGRAMME 4: Provincial Hospital Services

Honourable Speaker, since my appointment into the health portfolio, I have deliberately dedicated my efforts to Bongani, Manapo, Pelonomi, Moroka and Boitumelo Hospitals respectively. These are my pet projects, Hon Premier.

As a consequence of the visit of the Parliamentary Portfolio Committee on Health, a number of improvements were recommended for Mofumahadi Manapo Mopeli Hospital. The following have been implemented as recommended:

- Upgraded Ventilation in the Theater, ICU and Casualty– Awaiting assessments of compliance by the Department of Labour;
- Improvements have been made in the areas of housekeeping and we will be attending to the infrastructure challenges of the kitchen;
- We have also appointed **7 Cuban Doctors** and **4 local doctors** and further translated lower categories of **13 Assistant and Staff Nurses to Professional Nurses** after they had completed their studies.

The same Portfolio Committee of Parliament lauded the Management of Dihlabeng Hospital for having turned around what was previously perceived as the death bed of the Province into an exceptional health achiever. This turn around was owed to the strengthening of the Management Structures by appointing amongst others, the CEO, the Head of Administration as well as the Head of Clinical Services. Dihlabeng is our provincial best practice which must inspire confidence to all other facilities. It is possible!

Honourable Speaker, may I report that Boitumelo Regional Hospital was accredited for **Mother and Baby Friendly Institution** during 2016. This is in response to their effort in promoting child health and reduction of infant mortality.

The Department is continuing to strengthen the management systems and governance structures in all our hospitals. Bongani Hospital remains a challenge to the department but we have said as we visited our communities that this is not an

insurmountable challenge. We have appointed staff at this facility and continue to deal with other challenges like infrastructure.

In strengthening other programs and improving access to services, we are going to implement innovative methods of dealing with **cataract operation** backlogs which will be rolled out in all districts. We will also look at how we improve services on **Renal dialysis** in all the districts linked to all Regional Hospitals.

The budget allocation for this programme is R 1,506,464,000 [15.4% of the total budget allocation]

PROGRAMME 5: Provincial Hospital Services

We will continue to improve our performance standards in both Tertiary and Central hospitals by ensuring that we employ Registrars who will become Specialists in different fields. We will further ensure that we maintain our accreditation status at the Central hospital.

Our partnership with the University is vital for the production of much needed health care professionals. As we train we take note of our demographics and our intake will address our employment equity status.

We are working towards maintaining and improving the quality of our tertiary specialized services to improve the quality of teaching and training health professionals in order to produce well-trained health professionals capable of dealing with our provincial burden of diseases and other specialized health challenges.

At Pelonomi Hospital we have opened a new Maxillo Facial Unit and this will improve our services for this specialised field of health care.

We have increased our staff complement by employing among others, Medical Officers, Medical Specialists, Pharmacists, Professional Nurses and Engineering technicians.

We have repaired the 8 ton boiler and this will help us to avail hot water and steam for operations of the hospital.

The following units will be opened in 2017/18:

- Intensive Care Unit – 32 beds
- Admissions and Casualty
- Clinical Engineering Link Project
- MDR Paediatric Unit
- Training Hall and Centre

The budget allocation for this programme is R 2,430,466,000 [24.9% of the total budget].

Programme 6: Health Science & Training

In improving leadership in our facilities, **5 CEOs** completed the Albertina Sisulu Executive Leadership Programme in Health (ASELPH) in June 2016, whilst a further **6** were enrolled in August 2016 to complete in June 2017.

With regards to **Compulsory Induction Programme**, 1 961 officials were trained and we also made use of iCAM (Interactive Communication and Media) to facilitate training and reduce the backlog of the new inductees. This has earned us an accolade from the Department of Public Service and Administration but has also contributed to reduction of Induction backlog in the Free State.

We will train 20 Middle Managers on MDP, 2 Financial Managers on Financial Management and 100 MMS members to be trained on Financial Management for Non-Financial Managers in 2017/18.

In our Nursing College, we have enrolled 186 students for Professional Nursing and 65 of them were for the bridging course. Based on this intake, and informed by our capacity, the Department is also sending students to international countries to enhance the numbers. This is also for reasons of international exposure and skills mix. We are also planning to expand our Nursing Colleges curriculum, to include training in trauma.

Our colleges are also in the process of reviewing the admission criteria to include increasing numbers of learners coming from small and disadvantaged towns at the rural periphery of the province.

The EMS program introduced a retraining program for all Basic Life Support (BLS) in order to improve and refresh skills of all our staff. Currently we have retrained 360 BLS officials throughout the province.

The EMS College obtained accreditation for **Intermediate Life Support Training** during last year. To date we have trained and up-skilled 96 officials to acquire the new qualifications.

We have trained more than 200 officials on **first level driving course** and the next level will be training on advanced driving skills. In future, all our drivers will be tested for competency periodically.

We have planned to increase our training intake of **Intermediate Life Support Courses** through the approval of HPCSA (Health Professions Council of South Africa). The student intake for EMS Training is 984 students.

The budget for the training of the Medical Doctors is now residing in health. We are expecting to receive 116 Cuban Trained students during the latter half of 2017 to come and complete their 18 months of training in the country. A Task Team has been established to look at how we are going to expand the training platform in the Province.

This team includes the University of the Free State Medical School led by the Dean Professor Gert Van Zyl. We will continue to support these students and others who are in other countries in the world to accumulate international experience and be fit for purpose to our South African health needs.

The budget allocation for this programme is R 245,775,000 which is 2.5% of the total budget.

Programme 7: Health Care Support Services

We will continue to increase accessibility of **Orthotic and Prosthetic** services to the community of the Province by strengthening our relationship with Tshwane University of Technology who are training technicians in this field and also running some related partnership projects with us. We will also establish a relationship with the Central University of Technology in the Province in this regard.

For laundry services we bought two washer-extractors for the Bloemfontein Laundry and a washer extractor for the Kroonstad Laundry. Because of the shortage of water in our Province we have invested in a new borehole for the Kroonstad Laundry.

This year our budget allows for attention to be given to the Qwa Qwa Laundry where we are allocating funds for 3 washer-extractors as well as a roller ironer. We have improved on our levels availability of linen following the procurement of fabric which we gave to our cooperatives to sew linen for us and through this we have contributed to the improvement in the livelihoods of the members of these cooperatives.

Honourable Speaker, I am glad to announce that, with the implementation of the **Stock Visibility Solution** in our clinics, we are able to monitor drug stock levels to enable our timely replenishment. As a result of these efforts, we have recorded stock levels of an average of 95% on all our clinics. I am sure Madam Speaker, that all people in our province no longer have outcry of stockouts.

We have allocated a budget to the Medical Depot to be self-sustainable but we also need to make sure we clamp down on the theft of medication by installing effective systems, as I may have alluded to earlier. The medical depot also needs to make sure that the collection of levies from hospitals is maximised and we shall closely monitor this!

We are implementing a project called **Centralised Chronic Medication and Distribution (CCMDD)**. Through this project, **46 Pick-up-Points** have been established with more than **40 000** patients enrolled and receiving their chronic medication without having to visit the clinics; thereby reducing long queues and waiting times.

The budget allocation for this programme is R 186,315,000 [1.9% of the total budget].

Programme 8: Health Facilities Management

As the Hon. Premier has already announced, Albert Nzula District Hospital will be officially opened in June 2017.

We will commission and operationalize the following completed clinics in the 2017/18 financial year.

- Vogelfontein Clinic in Bethlehem
- Amelia Clinic in Sasolburg

We will do major renovations on the following facilities:

- Welkom Mortuary
- Cookfreeze at National District Hospital
- National Hospital in Bloemfontein
- Dr. JS Moroka Hospital in Thaba Nchu
- Bongani Hospital in Welkom
- Mofumahadi Manapo Mopeli Hospital in QwaQwa
- Boitumelo Hospital in Kroonstad, and
- Mafube Hospital in Frankfort

We will start the building of the following EMS Stations:

- Edenville EMS Station
- Villiers EMS Station
- QwaQwa EMS Station

We will also commence with the construction of the following facilities:

- Rheederspark Clinic in Matjhabeng
- Riebeeckstad Clinic in Matjhabeng
- Thandanani Clinic in Welkom
- Extension of Bophelong Clinic in Moqhaka
- Lusaka Clinic in Qwa-Qwa
- Dinoheng Clinic in Kroonstad

We will extend the operating hours of some clinics, starting with **Harry Gwala Clinic in Metsimaholo. Batho Clinic in Mangaung** will henceforth operate for **24 hours** to accommodate the growing demand which often manifests in long queues. We will strive to find additional resources to extend the operating hours for other clinics.

We would like to thank all our corporate social investment partners for their immense contribution in upgrading health infrastructure and services such as Thusanang, Harry Gwala, Zamdela clinics as well as the new clinic that will soon be opened in

Sasolburg town. We know that, plans are well underway to renovate the Fezi Ngubentombi District Hospital, amongst others.

In the second week of April 2017, I shall be meeting all our corporate social investment partners to further discuss these budget plans and allow them to make recommendations about where we can do better. Without mentioning all of them, we value every single one of them, and will consider erecting a **Roll of Honour** in dedication to their sterling and consistent contributions to health-care in our Province.

The budget allocation for this programme is R 595,710,000 [6.1% of the total budget allocation]

One of the cornerstones of democratic governance is the ability to see, listen, hear, anticipate, and act in fulfilment of the will of the people in order for their emancipation to take a meaningful effect. Ours is a participatory democracy and hence our elevation of the voices of the people through our Communications driven social media interaction to this Budget Vote. We wish to thank all our people for Liking our Status and their response to our Facebook dialogue as a build up to this day.

To:

Malefu Moeketsi who is concerned about the efficiency of health service provision in a clinic in Vanstadensrus, Ambulances and Planned Patient Transport.

Selina Mofokeng is concerned with the salary levels / notches for data capturers.

Chere Lesemola asked me to Please restore the dignity of nurses.

Elias Makabe asked if the MEC can deal with the issue of recruiting qualified Advanced Life Support, EMS practitioners that are from the Free State who want to return home.

Spear Lobi about the Buthelezi Ambulances, bringing back home based carers and employing more staff;

Hauzer Morake about the need for provision of more human and material resources at Pelonomi Tertiary Hospital;

Letsabo Mokhele about the absorbing of Registered Nurses after Community Service.

Selina Selina Dhlamini about Community Health Workers that trained for a year;

Bena Bena about Specialist care units around the Districts;

Tsholanang Kenny Mashoge about buildings that are dilapidated;

Mokete Petrus Tau about relationships with NGO's;

And **Nokufa Minah Nkhame** about the need to “unfreeze” all vacant post and appoint staff to improve service delivery.

We thank you for your comments and we are listening!

To conclude,

Hon. Member, Elsabe Rockman, we are indeed confident that “...***we will not get soaked with the dew, where the elephant has already gone through the high grass...because we are embarking on a more sustainable road towards improved health care in the Free State...***”.

We will continue to navigate a course towards compassion, democracy, social justice and dignity for all.... Admitting to our challenges is the first step towards finding lasting solutions.

The hour is ours. It is now time for each and every one of us to step up to the battle line, to ask the important questions, to search our souls for our own answers, and to take action.

Today, it is our generation and the next generations to pick up OR's gleaming spear as we continue our climb up to the apex, lest his strength of purpose, of

character and endurance, lie rusting on the ground. The struggle for freedom from poverty, [disease and hunger], and for dignity and quality of life continues [Like Moses, going into exile, let us not despair].”(ibid.)

Madam Speaker I thank Hon. Premier and the Chairperson of the ANC and my colleagues in the Executive for the support they continue to give me during trying times.

I also thank the **Head of the Department, Dr David Motau, the Management of our Department** and all **Health Workers for their sterling work.**

Special **thanks to my family** for their continued support in the duties that our glorious movement has entrusted upon us.

Speaker, we hereby table the **Budget of the Department of Health for the 2017/18 Financial Year.**

KE YA LEBOHA!

BAIE DANKIE!

I THANK YOU!