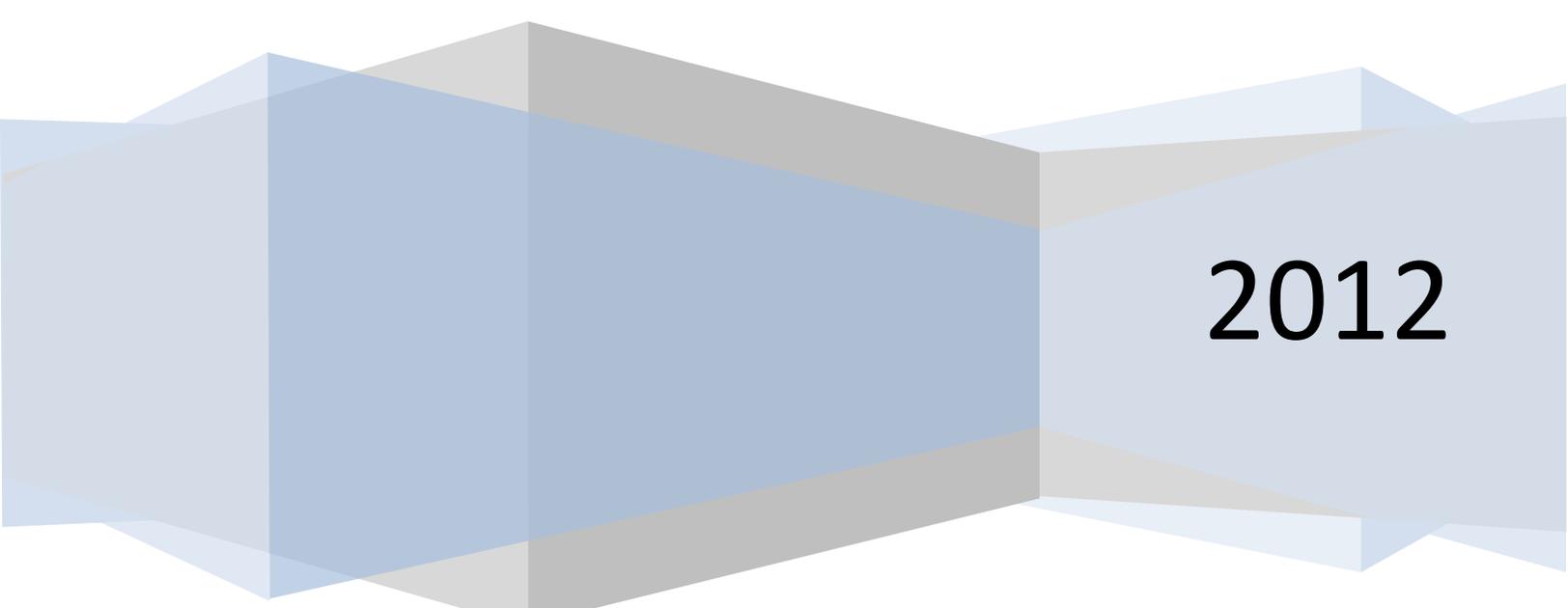


FREE STATE DEPARTMENT OF HEALTH

BUDGET SPEECH 2012/2013

20 MARCH 2012

MEC: FEZI NGUBENTOMBI



2012

**BUDGET VOTE SPEECH (Vote 5), OF THE DEPARTMENT OF HEALTH TABLED BY THE
HONOURABLE F. NGUBENTOMBI MEC FOR HEALTH AT FAURESMTIH, JACOB ZUMA
COMMUNITY HALL 20 MARCH 2012**

Honourable Speaker of the Free State Legislature,

Honourable Premier,

Honourable Members of the Legislature,

Representatives from the National Council of Provinces,

Leaders of Political Parties,

Leadership of our System of Local Government,

Director General of the Province,

HODs and Departmental Officials,

The leadership of all our Governance Structures,

Traditional Leaders and Traditional Practitioners,

Spiritual and Religious leaders,

Our Development Partners,

Distinguished Guests,

Representatives of the media houses,

Comrades and friends,

Ladies and gentlemen

People of Fauresmith and the Free State,

Honourable Speaker, allow me to thank you for giving us this opportunity to present our budget vote before this august house in the fourth democratic Parliament.

We do so being guided by the conviction that, ours is an immense task to undo centuries of the legacy of apartheid colonialism which continue to define our nation along the lines of opulence and poverty where access to quality health services still remains a privilege to only a chosen few.

As we traverse the long journey towards achieving the vision of a **"Long and Healthy Life for All South Africans in general and Free Staters in particular"** we are continuously inspired by the spirit of collective effort and partnerships that have been at the center of our strategic approach to tackling our challenges over the last 18 years.

Honourable Speaker, on the 25 February 2012 we laid to rest Mama Winkie Direko, a struggle icon, an educator of note, a community worker, an activist and selfless servant of the people. She indeed served humanity. As the Free State Premier from 1999-2004 she laid a solid foundation for the development of the province and played her part in putting the Free State on the world map. We want to honour her for that.

In this year of the centenary of the movement of the people-the ANC, we also want to congratulate the people of the province for participating in the successful hosting of the centenary celebrations and the health services in particular for having coped with the masses of people who descended to Mangaung. We also want to acknowledge and thank the military health services, and health professionals from other provinces who lent a helping hand in the rendering of health services.

Honourable Speaker, as we present this budget vote during the mid-term of our fourth democratic government, we will do so answering the fundamental question of "how far we have gone towards achieving the vision of a **"Long and Healthy Life for All South Africans"** as a key strategic priority of our 2009 election manifesto?"

Reflecting on our past

Honourable Speaker, the organizational and systemic diagnosis we made in the previous years reflected amongst others that our department was plagued by the following challenges: unacceptable vacancy rates for both clinical and non-clinical posts; Low levels of drugs/medication availability; poor Leadership and management across the different levels; weak financial management and poor internal controls

which resulted in disclaimer audit opinion 2009/2010; poor planning and slow pace of infrastructure delivery.

Honourable speaker, as we reflect on our achievements, we are also inspired by the words of the great, gallant and legendary revolutionary Amilcar Cabral who stated that "***we must claim no easy victories and tell no lies***". We are therefore proud to report to this house that as a department have turned the situation around for the better and these short-comings are now history. We will continue to build on our impressive improvements regarding filling of critical posts including improving our financial management processes and controls towards a clean audit in 2014.

Honourable Speaker, this being the mid-term budget vote the following achievements are outlined in line with the four health outputs and the Ten Point Plan.

Increasing life Expectancy

Central to the achievement of increased Life Expectancy is the successful implementation of programs to reduce the quadruple burden of disease, namely:

- Communicable diseases including TB, HIV and AIDS.
- Maternal and Child illnesses
- Non-communicable diseases such as Cancer, Hypertension, Diabetes and
- Trauma

I am pleased to report that the department is taking giant strides towards the successful implementation of these programmes.

Combating HIV and AIDS and decreasing the burden of illness from TB

TB, HIV and AIDS remain a priority for the province as it is for the country. Our current Antenatal prevalence rate is still high, but stabilized at 30.6% in 2010.

Honourable Speaker, notwithstanding the challenge of the scourge of HIV and AIDS and TB, it is worth noting that our prevention strategies like the HCT campaign were indeed well received by our people. A total of one million, one hundred and fifty one thousand two hundred and fifty three people (**1,151,253**) were counselled and of those nine hundred and seventy eight thousand nine hundred and four (**978 904**) were tested by the end of June 2011. This was far beyond the set target. A new target of five hundred and eighty seven thousand three hundred and thirty six (**587 336**) was set for 2011/12, and to date the testing has reached seven hundred and nine and eighty eight people (**709 088**), again exceeding the set target.

To date we have a total of ninety nine thousand seven hundred and eighteen (**99,718**) patients active on the ART [Anti-Retroviral Treatment] programme. This is inclusive of nine thousand three hundred and forty three (**9 343**) children.

The department has implemented medical male circumcision (MMC) at thirty eight (**38**) sites in the province. To date twenty three thousand seven hundred and forty eight (**23 748**) circumcisions have been performed.

The Provincial TB cure rate is currently at **73.9%** and will continue to improve. The School Kick TB Campaign was launched at Credo Primary School on the 26 July 2011 in Sasolburg. We will also focus on improving the turnaround time of the results and early initiation of the treatment. For this purpose, the province procured Gene –Xpert machines which is a new technology that was introduced last year in the Free State. These machines are able to diagnose susceptible TB and MDR-TB and give results within 2 hours. The whole FS is now on the new technology and these machines are placed at the following regional hospitals: Bongani, Boitumelo, Dihlabeng and Pelonomi.

The province will commemorate World TB Day on the 31 March 2012. We will further use this opportunity to spread the message that TB is curable even when someone is HIV positive.

Decreasing Maternal and Child Mortality

Honourable Speaker, the reduction of Maternal and Child Mortality remains one of our key focus areas. In addressing these key challenges, the following interventions have been put in place:

- A Provincial Specialist Unit on Maternal and Child Health has been established to co-ordinate the departmental efforts of improving maternal and child health services;
- Establishment of Kangaroo Mother Care units at all our facilities;
- Strengthening of Neonatal and Maternity services through training, audits and support, and
- Establishment of Maternal and Child mortality monitoring and evaluation committees.

We have also performed above the 70% national target in terms of the coverage of the two new vaccines, namely Rotavirus and Pneumococcal Conjugate Vaccines. The province reached coverage of 100% and 95% respectively.

Strengthening Health System Effectiveness

The Primary Health Care (PHC) outreach teams have been increased from the initially planned eleven (**11**) teams to forty seven (**47**) as also pronounced during the State of the Province address. Six hundred (**600**) Community Health Workers (100 each for Fezile Dabi, Lejweleputswa & Xhariep and 150 each for Thabo Mofutsanyana & Mangaung) were trained. One Professional Nurse per district has undergone training as trainer-of-trainers for Community Health Workers (CHWs). Family physicians have been appointed in 4 districts.

Nineteen (19) out of twenty (20) Local Areas implemented the school health services program in varying degrees. Five hundred and sixty eight (568) schools received the service. A total of fifty thousand two hundred and forty seven (50 247) target learners, as well as an additional two thousand two hundred and eighty nine (2 289) secondary target learners were assessed.

A Traditional Practitioners Health Committee has been re-established at the provincial and district levels to enhance the status of our Indigenous Knowledge Systems and strengthen collaboration between Traditional Medicine and Western Medicine.

Honourable Speaker, the provision of health infrastructure is key in ensuring that our people enjoy a better quality of life. In this regard Villiers Clinic and renovations at Tshiame clinic which had been extensively damaged by fire were completed.

Honourable Speaker allow me to take this opportunity to introduce my "very special guests for the day"

- The five prospective students for the medical programme in Cuba who recently accompanied our delegation to that country. They are **MS K Molalogi, Ms J Mabote, Mr B Mokemisi, Mr. M Lehaba and Mr. T Mathibe;** and
- The two Mokwai siblings (**Alphabia and Molotsi**). Molotsi was appointed as an artisan at Diamant Hospital in January 2012 and Alphabia will start work as a handyman at Embekweni Hospital from the 1st April 2012.

Priorities for 2012/13

Honourable Speaker, we will not succumb to difficulties and sounds bites of pessimism by our detractors. We do concede that the intervening period ahead is dark and bumpy but the future is bright and will only find glory in the actual arena of struggle as OR Tambo said. Despite the strained resources as a result of the economic hardship, we will in this financial year continue to focus our attention on the following critically important priorities: Primary Health Care re-engineering, Health Infrastructure, National Health

Insurance (NHI), HIV and AIDS, and TB, Human Resources Development, Improving financial systems and controls towards 2014 clean audit, Security, and Strengthening Emergency Medical Services (EMS).

Honourable Speaker, these priorities will influence the manner in which our budget is allocated to the various programmes. In this regard, the critically important path for the health sector as a whole remain **"A Long and Healthy Life for all South Africans"** and its attendant outputs, namely;

- Increased life expectancy
- Reduction of the burden of disease caused by HIV and AIDS
- Reduction of maternal, under five (5) and infant mortality
- Strengthening health systems effectiveness

Honourable Speaker, I now present the budget per programme.

The total budget allocated for the 2012/13 financial year is Seven billion, three hundred and eighty three million, two hundred and fifty five thousand rand (R 7,383,255 billion). The department received 6.5% more to fund its current activities in 2012/13 compared to 2011/12.

Programme 1: Administration

Honourable Speaker, the key focus during the financial year under review will be the implementation of an action plan to address the findings of the Auditor General, with a view to achieving unqualified audit opinion.

Budget allocated for the 2012/13 financial year is Two hundred and fifty three million, six hundred and seventy six thousand rand (R253, 676 million), a decrease of 1.7% compared to 2011/12 budget

Programme 2: District Health Services

Budget allocated for the 2012/13 financial year is Two billion, eight hundred and forty four million, One hundred and twelve thousand rand (R 2,844,112 billion). An increase of 5.8% compared to 2011/2012 budget.

Honourable Speaker, we will build on our previous year's achievements by stepping up the fight against the scourge of TB, HIV and AIDS. To this end we will implement a Provincial Strategic Plan (PSP) which has adopted the 4 zero vision of the country namely: **zero new HIV and TB infections; zero new**

infections due to vertical transmission; zero preventable deaths associated with HIV and TB; and zero discrimination associated with HIV and TB.

This plan will be launched during the Provincial World TB Day event which will be held on **31 March 2012**.

Honourable Speaker, we will also strengthen prevention of HIV and Sexually Transmitted Infections (STI) by focusing on the following:

- Provision of Medical Male Circumcision particularly targeting the youth during school holidays. A total of forty thousand three hundred and sixty-one (**40 361**) circumcisions will be done in partnership with local independent medical practitioners and other partners. Continuous training and mentoring of practitioners will be done to ensure safety of the community.
- Emphasize dual protection and continue with distribution of female and male condoms.
- Maximizing opportunities for HIV counselling and testing to ensure that everyone in the province know their status. The target is to provide five hundred and eighty seven thousand three hundred and thirty six (**587 336**) people with HIV Counselling and Testing (HCT).

To reduce morbidity and mortality due to TB and HIV the following will be done:

- In line with the new policy of initiating clients with CD4 cell count of 350 and below on ARVs, an additional **37 000** new patients, of which **4 070** will be children below the age 15, will be initiated on treatment, bringing the total of patients ever started on treatment to **151 163**;
- In line with the National Strategic Plan (NSP), all HIV positive TB patients will be initiated on ART irrespective of the CD4 cell count;
- In addition to support the expansion of the Comprehensive HIV and AIDS care, **16 modular structures** will be procured and placed at selected clinics facing space challenges by end of July 2012.

Honourable Speaker, we will continue to strengthen the role of the Provincial Council on AIDS to be able to support District and Local AIDS Councils. Four District AIDS Councils have been launched except that of Mangaung Metropolitan Council which will be launched on the 04th April 2012. The Provincial Council on AIDS has further strengthened partnerships with people living with HIV (PLHIV) by appointing two activists from Treatment Action Campaign (TAC) and National Association of People Living with HIV and AIDS (NAPWA) with effect from 01st April 2012.

Preparation for the NHI is on course

Honourable Speaker, Thabo Mofutsanyana has been identified as a pilot site and sixteen million five hundred thousand rand (R16, 5 M) has been allocated from National Treasury to pilot the implementation of National Health Insurance (NHI). Focus will be systems processes and quality improvement initiatives. Gaps identified during the national assessment by national compliance and core standards unit will also be given priority. A dedicated team will be assigned in April to this district to support and strengthen our efforts in piloting the NHI.

Primary Health Care Re-engineering

Honourable Speaker 30 professional nurses have already been sent for training in Primary Health Care to further strengthen the outreach teams. Ten additional mobile clinics will be delivered within the next three months to support outreach to rural areas. Mobile solar scooters are also going to be delivered by end of July this year to pilot the appropriate mode of transport for our Community Health Workers.

Integrated School Health Services will now focus on the quintile one and two schools in collaboration with Departments of Education, Social Development and Local Municipalities. School Health Teams will be increased from 12 to 23 by the end of this financial year. School health services will remain an important catalyst in our quest to achieve the objective of a preventative health care system.

Posts for the District Specialists Teams were advertised at national level and the appointments will be finalized by end of June 2012. Priority for the deployment of this cadre will be given to Thabo Mofutsanyana as our pilot district.

Programme 3: Emergency Medical Services

Honourable Speaker, the budget allocated for 2012/13 financial year amounts to four hundred and twenty seven million and ninety seven thousand rand (R427 097 000).

Additional fifty (50) ambulances will be leased by October 2012, through government garage in order to increase the number to 150 rostered ambulances. Twenty (20) planned patient transport and ten (10) emergency response vehicles will also be procured. At the three decentralized Call Centres (Welkom, Bethlehem & Kroonstad), 120 casual workers will be absorbed into permanent posts. In addition, new EMS stations will be established in the following towns: Philippolis in Xhariep district; Petrus Steyn and Hobhouse in Thabo Mofutsanyana; Villiers in Fezile Dabi; and Ventersburg in the Lejweleputswa. These are expected to be fully functional by November 2012.

Programme 4: Regional Hospital Services

Honourable Speaker, the budget allocated for the 2012/13 financial year amounts to One billion, seven hundred and twenty six million, seven hundred and fifty five thousand rand (R 1,726,755 billion), an increase of 4,5% compared to 2011/2012 budget allocation to answer to the need of an increasing number of patients.

Honourable Speaker, for this financial year we will continue to prioritise safety and security of our communities, patients and staff in hospitals. As a result, security will be insourced at both Bongani and Mofumahadi Manapo Mopeli Regional Hospitals by end May 2012, giving a total of 113 people fulltime employment.

Erection of a perimeter fence has commenced at Pelonomi and will begin end of June 2012 at Mofumahadi Manapo Mopeli Regional Hospital.

Services at our hospitals are improving. A case in point is Boitumelo Hospital wherein an insourced catering system was implemented earning them a nomination nationally for best innovation project. We pride ourselves with this achievement.

Programme 5: Central Hospital Services

Honourable Speaker, budget allocated for the 2012/13 financial year is one billion, two hundred and seven million, nine hundred and eighty nine thousand rand (R 1,207,989 billion), an increase of 7.3% compared to 2011/12 budget allocation.

In line with the new designation of hospitals and recommendations of the national department of health, the CEO post at Universitas has been advertised at Deputy Director General level and that of Pelonomi at Chief Director Level.

Programme 6: Health Science Training

Honourable Speaker, the budget allocated for the 2012/13 financial year amounts to One hundred and sixty nine million, nine hundred and fifty one thousand rand (R 169,951 million), an increase of 9, 2% compared to 2011/12 budget allocation.

During this year, we will strive to increase the supply of different categories of nurses in the Free State province by 500. The following categories will be trained: **250** Professional Nurses, **90** bridging course Nurses, **60** Enrolled Nurses, and **100** Enrolled Nursing Assistants. This will occur through various intakes staggered throughout the year.

In line with the spirit of cooperative and intergovernmental relations, we are negotiating with the Government of KZN to train an additional one hundred nurses for this financial year.

Honourable Speaker, I am pleased to announce that of the nurses we are training in collaboration with Netcare which is a Hlasela initiative led by the Honourable Premier, 55 of them will be writing their final examinations in August 2012.

Honourable Speaker, in an attempt to address the chronic shortage of doctors in the province, we will send 100 students to study medicine in Cuba in the next three years. The first group will leave in September 2012. Upon completion they will be deployed to the needy and rural areas of the province.

Programme 7: Health Care Support Services

Honourable Speaker, the budget allocated for the 2012/13 financial year amounts to One hundred and thirteen million, eight hundred and sixty nine thousand rand (R 113, 869 million). The bulk of the budget in this programme will be used for the transfer of QwaQwa laundry from Elizabeth Ross Hospital to the industrial area and to procure the much needed linen through co-operatives, by February 2013. Part of the budget will be used for manufacturing of Orthotic and Prosthetic devices.

Programme 8: Health Facilities Management

Honourable Speaker, the budget allocated for the 2012/13 financial year amounts to Six hundred and forty nine million, four hundred and eighty nine thousand rand (R 649,489 million), an increase of 14.7% compared to 2011/2012 budget allocation.

During this financial year we will prioritise the building of two new Community Health Centres at Amelia and Freedom Square by September 2012 using modular technology in order to speed up infrastructure delivery. Another three community health centres (CHC) will be built at Pelonomi Hospital, Matlakeng in Zastron and Maletsatsi Mabaso in Botshabelo, each at a cost of R29.8m. These will be completed in 2013 financial year.

Planning of the new Mangaung District Hospital and the Free State Psychiatric Hospital has been completed. Construction of the new Mangaung hospital with 300 beds is long overdue in order to alleviate the current pressure on National District Hospital.

The construction of Mantsopa District Hospital in Ladybrand will be completed during 2012. Maintenance will also be a key feature of our health infrastructure programme.

The number of modular clinics that will be completed by June 2012 is 5 (Memel, Senekal, Makhalaneng, and Viljoenskroon & Parys).

In conclusion, Honourable Speaker, I wish to thank the Premier, my colleagues in the Executive Council, the portfolio committee for health and social development for their support and guidance, my family for their understanding, and sacrifice, the HOD and all the officials of the Department for their dedication, sacrifice and hard work. My greatest appreciation and thanks also goes to all those who participated in the health walk this morning. I wish to also thank the legislature for the decision to bring the sitting to this community. We have taken full advantage of this and are going to leave the Fauresmith community with a fully revamped clinic. Let us all join hands and put the lives of our people in a better position!

I hereby table VOTE 5