

FREE STATE PROVINCIAL LEGISLATURE
2013/2014 BUDGET VOTE 5, DEPARTMENT OF HEALTH
TABLED BY DR BENNY MALAKOANE MEC FOR HEALTH
REDDERSBURG, 15TH MARCH 2013

Hon. Acting Speaker of the Free State Provincial Legislature;
The Honourable Premier;
Members of the Legislature;
Honourable Members of the National Assembly and the NCOP, (Present)
Executive Mayors, Speakers and Councilors;
Chairpersons and representatives of the Governance Structures of the Free State Department of Health;
Members of the House of Traditional Leadership;
Religious leaders,
The Acting Director General;
Heads of Departments and Senior Managers in all spheres of Government;
Members of the Media;
Distinguished Guests;
Ladies and Gentlemen.

Hon. Acting Speaker, I am honoured to present my maiden budget speech to this august house. First and foremost, allow me to pay tribute to the late Honourable **MEC, Me. Fundiswa "Fezi" Ngubentombi** who died in a tragic car accident with her protector Mr Bena Motaung on the **1st December 2012**.

Yes, we can proclaim without any fear of contradiction that Me Ngubentombi was indeed an outstanding cadre who never shied away from challenges. She was deeply committed to the struggle for the betterment of her people's lives, served her people with distinction and was loyal to the movement to the very last day of her life. Indeed a soldier who died in her line of duty.

We have invited members of her family whom I believe are sitting among us today. During his State of Province Address the Premier Mr E S Magashule, honoured her, by renaming the Metsimaholo Hospital as Fezi Ngubentombi District Hospital. May her soul rest in peace!! **We would also like to wish her daughter Zandile who is still being hospitalised a speedy recovery.**

I wish to express my appreciation to MEC Zwane who continued to provide guidance and leadership during the most difficult period in the Department.

Hon. Acting Speaker, our mandate is informed by **the Ten Point Plan** and the Four **(4)** Outputs of the **Negotiated Service Delivery Agreement (NSDA)** i.e. Increasing the life Expectancy, Decreasing Maternal and Child Mortality Rates, Combating HIV / AIDS and TB and last but not least Strengthening Health System Effectiveness; and the **Six Ministerial Priorities** namely: **patient safety, waiting times, cleanliness, staff attitudes, availability of medicines and consumables and infection control.**

We shall continue to strive for making health services accessible to all the Free State Communities in the spirit of implementing National Health Insurance (NHI). Central to the establishment of the NHI is the implementation of Primary Health Care Re-engineering comprising of three streams namely: Ward Based Outreach Teams, School Health Teams and District Clinical Specialist Teams.

We have made steady progress in 2012/2013 financial by achieving the following:-

Increasing life expectancy by addressing the quadruple burden of diseases namely;

1. HIV/AIDS/TB
2. Maternal and Child Morbidity and mortality
3. Non-communicable diseases of lifestyle
4. Trauma, violence and injury

Combating HIV/AIDS and TB

- preventing and reducing the spread of HIV and AIDS with the set target of **40 361 for Medical Male Circumcision, 43 421** circumcisions consisting of **33 019** Medical and **10 402** Traditional Male Circumcisions were done;
- **37,2 million** condoms were received to date from the suppliers and to date we have successfully distributed **34 million** condoms to all public health facilities, high transmission areas such as taverns, night clubs, taxi ranks etc;
- We have provided a total of **450,850** people with HIV Counselling of which **387,878** were tested.
- We successfully initiated (since inception of the program), **167,754** eligible clients in line with National Strategic Plan (NSP) on ARVs, of which **154,377** were adults and **13,377** were children;
- The Provincial HIV Mother-to-Child Transmission rate decreased from **7%** to **3%** in 2012 and it continues to decline.
- We successfully screened **1 202 317** people for TB and identified **13 212** infectious patients (with positive sputum) and **90%** were successfully put on treatment;
- The implementation of the rapid TB diagnostic method, using the Gene Expert Machine, in all local areas has improved the sputum turnaround time. In **80%** of all our facilities the sputum turnaround time is now below 48 hours;
- Our TB treatment success rate for new sputum positive cases is at **78%** and has reached the target as set Nationally and Provincially;
- Provincial Council on AIDS (PCA) approved HIV & AIDS/STI Strategic Plan 2012 – 2016 launched on the 31st March 2012 in partnership with the mining industry and the strategy has also been developed in Braille for blind community members;
- The space challenge to ensure provision of the full package of health care services including HIV and AIDS and TB, was successfully addressed by procuring **16** Park-homes in targeted facilities; and

Decreasing Maternal and Child Mortality:

- Cervical cancer screening rate improved from **44% 2011/12 to 50%** in the 3rd quarter of **2012/13**;
- Strengthening of Family Planning services by reviving the Intra-uterine contraceptive device which is a long term family planning method;
- Reduced Maternal mortality from **240/100 000** live birth in **2011** to **140/100 000** live birth in **2012**;
- The under 5 mortality rate has improved from **53 per 1000 live births** to less than **30 per 1000**;
- The percentage of children immunised with new vaccines increased to **90.6%** and **97.6%** respectively during 2012 as compared to **68.5%** and **75.6%** in 2011; and
- Performed **3 997** cataract operations against the target of **3 389**. Ms Fikile Mphulenyane was also recognized as a caring nursing professional for her excellent work in the eye care services enabling the aged to see better after removal of the cataract surgery.

Strengthening Health System Effectiveness

- All three streams of Primary Health Care Re-engineering are in the process and were implemented. **42** Family health teams, **21** school health teams, **22** out of **35** District Clinical Specialist supported by Provincial Specialist have been appointed;
 - School health services has been implemented in all local areas, in quintile 1 and 2 schools, with a total of **35,537** grades 1, 8 and 10 learners screened, of which **8,144** were referred for further management and treatment of barriers of learning. **22** out of **23** school teams have been appointed to focus exclusively on the implementation of school health services;
 - With the appointment of Family Health Teams , Queue Marshalls and the District Health Specialist Teams, the waiting times have been improved in the Pharmacies, Emergency cases and Admission Sections of our hospitals;
 - To further strengthen Primary Health Care, the following are in place:
 - ✓ ten (10) mobile clinics allocated to all districts; ten (10) Mobile Scooters delivered in May 2012, 6 at Thabo Mofutsanyane, 2 at Mangaung Metro and Lejweleputswa respectively; and completed 5 new modular clinics in Memel, Senekal, Makhalaneng, Viljoenskroon and Parys;
 - ✓ Mantsopa District Hospital Construction is complete and procurement of Health Technology and furniture has started.
 - ✓ 34 Professional nurses are on training for Primary Health Care Course since January 2012 at University of the Free State;
 - ✓ Due to high demand of Medical Doctors, we have sent 181 first group students to enrol on the Cuba Medicine training program.
 - The piloting of National Health Insurance (NHI) in Thabo Mofutsanyana district is on course. The first phase focused on System Strengthening and capacity building. Training was conducted on Supply Chain Management, Anti Corruption, Detection and prevention of Bid rigging, contract Management and Monitoring and Evaluation . 29 Supply Chain Management practitioners were appointed at levels 5, 7 and 8.
 - Dihlabeng, Bongani, Mufamahadi Manapo Mopeli, Tokollo/ Mafube and Universitas are compliant with National Core Standards and accredited by COHSASA.
 - Dihlabeng Hospital further scooped the 1st Prize in the DPSA Centre for Public Service Innovation Awards for innovative use of ICT for electronic management of Medicines;
 - Essential Medicine availability has improved from an average of **92%** to **97%**. Availability of medicines were enhanced by the procurement of **16** solar scooters for the distribution of chronic medication;
 - The Free State Mortuary in Bloemfontein is complete and functional. It has the holding capacity of 255 bodies. Since the opening of the mortuary in 2010, 1 800 post mortems are done on annual basis;
 - The Provincial Health Research Committee was established and launched in June 2012 during Provincial Research Day to regulate and coordinate research activities. This will further inform the kind of health intervention and policy decisions of the province.
 - With established partnership with NETCARE Group School of Nursing, **57** Nursing Assistant completed their first year programme and **54** of them have been appointed by the Department in November 2012 and 1st March 2013 respectively in our clinics and hospitals.
 - To increase Human Resource capacity and improve quality of Health Care services to be delivered, we thus far employed **585** Medical Officers, **348** Specialists, **5** Clinical Associates, **2 361** Professional Nurses, **829** Staff Nurses, **2 088** Nursing Assistants and **250** Pharmacists.
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Priorities of the department for 2013/2014

Programme 1: Administration

The 53rd National Elective Conference of the ANC held in Mangaung clearly set the agenda for strategic leadership and creation of a social compact for better health outcomes, namely:

- Security and efficiency of supply of critical services (medical depot, cleaning services)
- Human Resource Development (training and staff shortages)
- Healthy Lifestyles (risk factors)
- Infrastructure (revitalisation and maintenance)
- Quality of Care (improvement in Public Health Sector, non-negotiables)
- Re-engineering of Primary Health Care
- Cost of Health (specifically in Private Health Sector)

Hon. Acting Speaker, the Free State Health Department will work very hard in ensuring that all above mentioned deliverables are implemented.

During the first 100 days of my term of office we will be implementing a turnaround strategy that will include the four immediate deliverables.

- Firstly, a financial recovery plan intended to address the current financial woes without compromising our mandate by implementing prudent financial management systems and processes.
- Secondly, to undertake a comprehensive audit of our Human Resources for creation of productive personnel infrastructure.
- Thirdly, to introduce a change management programme to improve staff morale, professionalism and productivity
- Fourthly, to fortify our existing partnership with the UFS Faculty of Health Sciences.

Implementation of the six ministerial priorities and management of adverse events alongside the above are a sine qua non.

Programme 1 budget has been increased from R257 million to R269 million.

Programme 2: District Health Services

Honourable Acting Speaker, This is the programme is at the centre of reform health through Primary Health Re-engineering which is the precursor to the successful implementation of the National Health Insurance (NHI).

As part of transforming health services in the department;

- We shall continue the monitoring of queues in all hospitals, with a view of reducing patient waiting times in key service areas, i.e. Out Patient Departments, Casualty Departments and Pharmacies;
- All **24** District Hospitals will be assessed for compliance against priorities of the Core Standards for Health Services. Following the assessments, relevant interventions will be instituted to improve the quality of services;
- The new 71 bed State of the Art hospital Senorita Ntlabathi District Hospital (in Ladybrand) will be opened in **May 2013**.

INCREASING LIFE EXPECTANCY

United Nations high-level meeting in the General Assembly as well as National Summit held in September 2011, implored countries to deal decisively with risk factors of smoking, harmful use of alcohol, poor diet and lack of exercise.

- Together with our partners, such as the Department of Sport, Arts, Culture and Recreation (SACR) we shall implement provincial health promotion campaign in each of the four districts and the metro, which will focus on key health priorities.

DECREASING MATERNAL AND CHILD MORTALITY WE SHALL ENHANCE THE FOLLOWING;

- implementation and monitoring of the Campaign for Accelerated Reduction of Maternal and Child Mortality (CARMMA) programme in all hospitals in an effort to continue the downward trend in the reduction of maternal and child mortality;
- Our successful implementation of the immunisation programme will continue to get focused attention with the goal of achieving **95%** coverage for children under 1 year;
- Participate in the National Polio and Measles campaign to be conducted between April and May 2013;
- In line with strengthening women's health, an increase of cervical cancer screening coverage 56% in the new financial year will be realised.

Hon. Acting Speaker, to combat HIV AND AIDS and reducing the burden of disease due to TB, we will embark on the following:

- Revamping and re-launching of the HCT Campaign as of the 1st April 2013 as pronounced by the Minister. People who have tested negative will be encouraged to test twice per annum for HIV. A total of **816 458** people will be provided with HIV Counselling and Testing with a specific focus on Provider-Initiated Counselling and Testing which must take place in all health facilities as well as in the community;
- Introducing the new Fixed Dose Combination drugs as from April 1st 2013 to make treatment easier for HIV positive patients, by taking only one tablet a day costing **R89.00** instead of three tablets three times a day costing **R400 a month**. These new drugs will be phased in with priority given to new patients and pregnant women as per the new Treatment Guidelines;
- Focusing on the retention of patients on the ART programme as a measure of the effectiveness of the antiretroviral therapy (ART) by putting **4 070** additional children under 15 years and **32 930 clients** over 15 years on antiretroviral therapy (ART). We will also put 90% of all the patients infected with both HIV and TB on antiretroviral therapy;

Honourable Acting Speaker, the programme of Medical Male Circumcision will continue to be one of the mainstays of reduction of heterosexual HIV Transmission from women to men. Circumcised men should still use condoms when engaging in sexual intercourse.

354 000 female condoms and **59 million** male condoms will be distributed;

- We shall ensure the well-functioning of the Provincial Council on AIDS and implementation of the **Provincial HIV/AIDS, TB and STI Strategic Plan (PSP) 2012-2016;**

STRENGTHENING HEALTH SYSTEMS

- Increasing the number of Family Health Teams from **42** to **70** in order to improve Primary Health Care outreach services to the community. We will ensure that all districts have complete teams of specialists to improve maternal and child health services;

- Improve the provision of school health services to cover **912** of the **961** quintile 1 and 2 schools in the Province;
- Sixteen more mobile scooters will be procured to increase the number to twenty six in enhancing the distribution of chronic medication.

Programme 2 budget has been increased from R2.91 billion to R3.19 billion

Programme 3: Emergency Medical Services

The purpose of **Programme 3** is to provide Emergency Medical Services and Patient Transport services.

- The EMS operational ambulance coverage will be maintained at **150** ambulances (0.55 ambulances per 10 000 population).
- We are busy with the establishment of the district call centres and one of the requirements on personnel is to ensure that emergency calls are correctly interpreted and routed.
- We are looking at putting more ambulances on the road by refurbishing the previous and current fleet.

Programme 3 budget has been increased from R 430 million to R465 million

Programme 4: Regional Hospital Services

The budget of Programme 4 has decreased and been reallocated to **Programme 5 due to** Pelonomi Hospital being reclassified as a tertiary institution.

We will ensure that the most critical areas for Patient Centered Care are maintained in these hospitals. These areas are:

- Availability of medication which was above 90% in all hospitals, and it will be increased to 95% this year.
- The Best Care Always System which was implemented in all regional hospitals to reduce nosocomial infections will be maintained.
- We will continue to resolve 85% of patient's complaints within **25** days.

Programme 4 budget decreased from R1.78 billion to R1.16 billion

Programme 5: Central Hospital Services

Hon. Acting Speaker, The appointment of CEOs for both Universitas and Pelonomi Hospitals will be finalised during the first quarter of this financial year.

Programme 5 budget increased from R1.23 billion to R1.97 billion

Programme 6: Health Science Training

Hon. Acting Speaker, this programme ensures implementation of one of tenets of the ten point plan i.e. **Improvement of Human Resources Planning, Development and Management and is primarily responsible for provision of training of Emergency Medical and Nursing personnel (Primary Health Care training included), as well as promoting research and development of health systems.**

In our endeavor to upscale knowledge, technical skills and competency for improved quality of health care provision, we will be training various categories of health workers during this financial year as follows:

To strengthen Primary Health Care re-engineering and comprehensive management of HIV/AIDS and TB, we will further enroll the following Categories for training: **35** Professional Nurses in Primary Health Care Course; **500** Student Nurses in (4) four year Diploma in Nursing Science; and **600** Professional Nurses on Initiated Management of ART (NIMART).

In furtherance of the NETCARE Group training, we will be having **31** nurses enrolled for **2** years Enrolled Nursing Programme completing in **MAY 2013**.

To improve emergency medical care, we will also be training **60** emergency care practitioners.

In partnership with Institutions of higher learning such UFS and CUT, we will conduct research projects relevant for health services improvements.

Programme 6 budget decreased from R190 million to R172 million

Programme 7: Health Care Support Services

The aim of the programme is to render laundry, Orthotic and Prosthetic services.

- Access to Orthotic and Prosthetics services will be maintained by providing relevant devices to **10 150** patients/users;
- Use co-operatives to manufacture linen items

Programme 7 budget increased from R106 million to R109 million

Programme 8: Health Facilities Management

In aligning with one of the tenets of Ten Point plan of Revitalization of Infrastructure the programme is responsible for the provision of adequate health facilities and infrastructure as follows:

- Ensure Preventive Maintenance and keeping the state of repairs using approximately **R3.249 million** and using approximately **R17.6 million** on rehabilitation, refurbishment and renovation in different health facilities; and
- Spend approximately **R562 million** on capital projects i.e. new structures and Equipment in different health facilities.
- Senorita Ntlabathi Hospital in Ladybrand will be completed and opened in May this year
- Albert Nzula Hospital in Trompsburg will be completed in November this year.

Programme 8 budget decreased from R861 million to R562 million

As I will be concluding, Hon. Acting Speaker, allow me to acknowledge special relationships, partnerships and contributions made by the following:

- Donation of mobile clinic in Zamdela by the **Sasol Company**.
- Partnership with **Peri-Natal Health Research Unit** of Wits University to expand sites for Medical Male Circumcision in Botshabelo and Bloemfontein areas; and
- The **Anglo American** chairman's fund donated Medical Equipment for FezileDabi District to the value of **R700 000 to strengthening Prevention of HIV and Sexually Transmitted Infections (STIs)**.

I wish to express my sincerest appreciation to the Premier and the Governing Party who have entrusted me with this huge and demanding task of ensuring a long and healthy life for all the Free State Communities. My appreciation also goes to the Members of the Executive Committee and the Legislature who during the stormy times, supported and provided guidance to the Department to discharge its mandate.

Mohlomphehi Motsamaisi wa Dipuisano ya tshwereng mokobobo, ke qetella ka ho boela ke fetisetsa hlomphe le diteboho setjhabeng sa Foreistata, maloko a tshebeletso tsa setjhaba (the civil society), mafapha oohle a mmuso, dikomiti tsa ditliniki le Dipetlele, dikgwebo, Mahata mmoho ntshetso-peleng ya tshebeletso tsa bophelo bo botle, le dibohodi mmoho le basebeletsi ba masedinyana a ditaba.

The theme for International Women's Day, March 8th, this year is: '**Time for Action to End Violence against Women**'. We would also like to join and echo the same sentiments that unflinchingly scorn and call for speedy arrest of the perpetrators of violence, abuse and callous rape of innocent women and children. The law must take its course; it is critical and imperative that the moral fibre of our society must be regenerated. Dr Pallo Jordan when contributing to **ANC TODAY, 8-15 March 2013 says** "To realize the promise of gender equality requires the efforts of both men and women. It demands the radical modification of male behaviour in the first instance. Democratic South Africa owes its commendable scores it attains in UNDP surveys to the vision and the calibre of women leaders and activists who helped to shape democracy"

Hon. Acting Speaker, our challenge is whether we have the courage to complete our tasks and disappoint the prophets of doom. Together, we must have courage to create a different environment. We need to have the courage to deploy our resources accordingly to realise our dreams.

We have come a long way, and we will endeavour to achieve as much as we can. Let's invest our energies in providing affordable, accessible, comprehensive and quality health services for the Free State Communities. Together we have a dream to sustain.

Honourable Acting Speaker, the total budget allocated to the department is R 7.89b for the 2013/2014 financial year. I hereby table **BUDGET VOTE 5 of** Department of Health for consideration of the House. **(Attached Annexure A)**

I thank you!!!!

Annexure: A

		2012/13	% Change	2013/14
Programme 1	Administration	257 326	4%	268 533
Programme 2	District Health Services	2 908 502	9%	191 116
Programme 3	Emergency Medical Services	430 416	8%	465 308
Programme 4	Provincial Hospital Services	1 776 653	(34%)	1 159 267
Programme 5	Central Hospital Services	1 228 989	60%	1 966 603
Programme 6	Health & Science & Training	190 251	(9%)	172 869
Programme 7	Health Care Support	106 486	2%	109 071
Programme 8	Health Facilities Management	860 693	(35%)	562 011
TOTAL		7 759 316	2%	7 894 778

ANNEXURE A**FINAL BUDGET ALLOCATIONS: 2013/14****Health**

Source of Funding	2012/13		2013/14	
	Adjusted Amount	% Change	Allocation Amount	
	R'000			
Equitable Share	5 163 094	5.25%	5 434 037	
Infrastructure Enhancement Allocation	1 000	1880.00%	19 800	
Total Equitable Share	5 164 094	5.61%	5 453 837	
Comprehensive HIV and AIDS	642 641	15.61%	742 984	
Health Professions Training and Development	130 930	5.50%	138 131	
Health Facility Revitalisation Grant	845 821	-36.28%	538 962	
<i>of which earmarked for Health infrastructure component</i>	181 717	-62.99%	67 250	
<i>of which earmarked for Hospital revitalisation component</i>	654 944	-28.32%	469 470	
<i>of which earmarked for Nursing Colleges and Schools component</i>	9 160	-75.52%	2 242	
National tertiary Services	786 724	8.00%	849 661	
Forensic Pathology	0	0.00%	0	
Social Sector Expanded Public Works Programme Incentive Grant	7 470	-100.00%	0	
EPWP Integrated Grant to Provinces for Infrastructure	2 032	59.89%	3 249	
National Health Insurance	16 500	-70.61%	4 850	
Infrastructure Grant to Provinces	0	0.00%	0	
Total Conditional Grants	2 432 118	-6.34%	2 277 837	
Own Revenue	163 104	-1.35%	160 904	
Revenue Enhancement Allocation	0	0.00%	2 200	
Total Own Revenue Allocation	163 104	0.00%	163 104	
Total Allocation	7 759 316	1.75%	7 894 778	