

FREE STATE PROVINCIAL LEGISLATURE
2015/2016 BUDGET VOTE 5, DEPARTMENT OF HEALTH
TABLED BY DR BENNY MALAKOANE, MEC FOR HEALTH

Honourable Speaker of the Free State Provincial Legislature;

The Honourable Premier;

Colleagues in EXCO and Legislature

The Director General;

Heads of Departments and Senior Managers in all spheres of Government;

Distinguished Guests;

Ladies and Gentlemen.

Hon Speaker, it is exactly three score years ago that the architects of our democracy proclaimed the Emancipation Declaration otherwise known as the Freedom Charter. This was a momentous decree within which all the desired freedoms and rights were documented which were intended to unshackle all the motive forces of our country from the manacles of denigrating segregation, dispossession and seemingly total and permanent bondage.

Clearly depicted are the noble declarations that inform and continue to carve the tortuous pathway towards attainment of the Vision that we shall: ***“increase life expectancy through health system effectiveness, driving system change and ensuring sustainable quality services”***

Hon Speaker, clause nine (9) of the Freedom Charter (26 June 1955) says:

- A preventative health scheme shall be run by the State and;
- Free medical care and hospitalisation shall be provided for all with special emphasis on mother and child care.

Section 27, 1(a) of the Constitution (Act 108 of 1996), states inter alia; *“everyone has the right to have **access** to health care services, including reproductive healthcare”*

Disease Profile of South Africa: (Lancet)

The Lancet poses a question of whether South Africa is geared towards a better future when it's plagued by a Quintuple burden of disease. Viz.;

1. *HIV/AIDS and TB*
2. *Maternal, newborn and child health*

3. *Non-communicable diseases*
4. *Violence and injury*
5. *(Mental health disease) = quintuple burden of disease*

To this question as *(sensitive exponents of ideas and fortitude)* we respond that: there are clear plans and personnel infrastructure to address each burden; *limited resources pose a constraining inconvenience whereupon the legitimate expectation of delivery rests. The majority of you will attest to the numerous challenges presented and highlighted by both the Free State Provincial and National Treasuries during their budget statement presentations this year instant that; in real terms the budget deficit is increasing and the demands for services are on the rise against the negative growths in budgets whilst the demands for services are exponentially increasing.*

Both the aforesaid budget statements for 2015/2016 illustrate that the state of our economy is a concern that rises above all others, and this is indisputable. You may have heard or read that our economy is in dire straits; there is no new money!! There is a direct call for us not to take things for granted and by behaving as normal, we have to commence applying austerity measures, bring about efficiencies and cost effectiveness in our operations and be mindful of the fact that sustainability of our functions is solely dependent on available and adequate financial resources against the rising demands and expectations .

Review of the current financial year 2014/15

The current financial year was the most difficult that the department has ever experienced. The budget of current 2014/15 financial year was a mere increase of 2.4% from the previous financial year of 2013/14. This increase was way below the inflation rate of 5.6% as can be concluded. Right at the beginning of this current financial year the department was faced with the following challenges that we had to face and deal with:

- a) The accruals of over R 1 billion on goods and services and human resources (HR).
- b) The accruals for the following hospitals as a percentage to their original budget were case in point:
 - Pelonomi hospital – 155%
 - National hospital – 90%
 - Dihlabeng hospital – 83%
 - Fezi Ngubentombi hospital – 61%
 - Botshabelo hospital – 58%
 - Thusanong hospital – 56%
 - Universitas hospital – 31%
- c) *Most of suppliers were reluctant and sometimes refusing to supply medicines and consumables to our facilities and to provide services particularly to the hospitals.*
- d) The following risk areas were identified:

- Medical Depot owed R 203.6 million from 1 April 2014.
- Procurement of goods outside the system due to depleted budgets were R151.7 million in August 2014.
- Audited accruals on goods and services as at 31 March 2014 were R657 million.
- Government garage responsibilities (ambulances and service vehicles) were under funded to the tune of R 60 million.

This meant that the accruals of 2013/14 took 30% of the available cash of the 2014/15 current budget. The department was financing its activities on 70% of the available cash. The situation got worse when the department had to hire the needed staff in severe pressure areas and to continue delivering the health services as expected.

Approach followed to solutions;

The individual budgets of all hospitals and districts were analysed up to item level. A re-allocation of their budgets was done. The amount of R430.742m was re-allocated as follows:

- a) Academic hospital – R242.471 million
- b) Regional hospitals – R52.377 million
- c) Districts including district hospitals – R135.894 million.

Cash flow management was strictly implemented with the support of Provincial Treasury. Monthly expenditure trends were closely monitored and reported, request for procurements were submitted to the Vetting Committee that was meeting daily to make timeous interventions and to enable service continuation.

Actual position as at 28 February 2015:

The current adjusted budget of the department is R8.329 billion. The total expenditure was at 88.42% of the adjusted budget. The commitments amounted to R280.622 million. The outstanding balance on accruals of R726.210 million in August 2014 was reduced by R616.389 million (85%) to R109.821 million. The plan of the department is to deal with the HR accruals which included Performance Development and Management System (PDMS) financial recommendations which we have proven that they were wrongfully done. Consultations to declare these accruals null and void shall ensue with effect from the new financial year. We shall continue to amortise and where possible pay accruals before the end of the current financial year. The department will not overspend the budget in the current financial year.

Outlook for the coming financial year:

The Free State equitable share is reduced by R148.685 million in 2015/16 financial year and R223.138 million in 2016/17. This has impacted negatively to the budget of health. The initial allocation to our department was R8.735 billion in 2015/16. This was revised down to R8.675 billion which is a

decrease of R60 million. The department has a shortfall of R865 million to fully deliver on the Annual Performance Plan (APP) in 2015/16. The department will not be able *to deliver on all activities as they appear in the APP which means we have to scale down activities and prioritise them.*

The debate about whether the health care system is underfunded is not new. Research conducted by the Fiscal and Finance Commission indicated that the rate of growth of Provincial allocations has been decreasing. In this province, the cost of providing health care services is influenced by the rural nature of the Province, poverty levels, the disease profile and the declining population, and vast distances. The year-on-year growth for the 2015/16 year is only 4.18% on the 2014/15 budget and this is obviously below the projected inflation of 5.6% and below the required increase in compensation of employees of 6.5%.

Against these odds, this department is expected to respond to every clamour, every interventionism we even consider naïve.

Honourable Speaker, it has now become fashionable for some professions to gravitate towards health in search of their sectarian wealth creation through the costs of litigation that are escalating at an alarming rate in the country. Needless to say, our Province is no exception. It is for this reason that we are part of an initiative spearheaded by the National Department of Health to bring drastic measures to tackle this issue and we are commencing with such measures with immediate effect in our hospitals and clinics and transgressors will be held accountable.

We will continue to make the necessary budget reprioritisations and service rationalisations in order to adequately fund the Ministerial non-negotiables. Honourable Speaker, due to tight spending ceiling that the government is facing, opportunities for improving service delivery shall have to be financed within the existing allocations. The 2015/16 Budget will therefore continue to place significant prudence, efficiencies and financial stewardship in our operations. Not everyone will be pleased, we need to hang tough and tighten our belts without compromising service delivery. As operators of the health system, we are patently aware of the tortuous road ahead.

In the Negotiated Service Delivery Agreement (NSDA) and the ANC Lekgotla Resolutions, nine Outputs were agreed as a fulcrum upon which healthcare service delivery will rest: the wave of deliverance shall be stirred through improvement of health systems effectiveness by:

- (i) Universal coverage and progressive implementation of National Health Insurance (NHI);
- (ii) Improvement of Quality of Health care;
- (iii) Implementation of Primary Health Care (PHC) Re-engineering;
- (iv) Reduction of healthcare costs;
- (v) Improvement of human resources for health;
- (vi) Improvement of management and leadership;

- (vii) Improve health facility planning and infrastructure delivery;
- (viii) Reduce maternal, new-born and child mortality and
- (ix) Prevent and manage HIV/AIDS and TB successfully

Strengthening Health Systems Effectiveness:

- Honourable Speaker, in terms of section 27(2) of the Bill of Rights, access to Healthcare is a basic human right. With the introduction of the National Health Insurance (NHI) whose principles entail: the right to access; social solidarity; effectiveness; appropriateness; equity, affordability; and efficiency.
- The NHI will be implemented under following phases:
 - **The first phase from 2011-2015:** Conducting Real life demonstrations and pilot in Thabo Mofutsanyana District. Whilst piloting the NHI in Thabo Mofutsanyana District since 2011, we set the tone for the rolling out NHI programmes in all Health Districts by successfully;
 - Establishing governance structures in all hospitals and clinics
 - Completing the audit of all facilities, challenges identified are being systematically addressed;
 - Of the seven (7) District Clinical Specialists Team complement in the (5) five Districts, all nursing dyads have been appointed with variant numbers of medical disciplines such as Paediatricians, Obstetricians and except appointment of all Family Physicians and Anaesthetists;
 - **The second phase from 2016-2021:** NHI Legislation (Act) and the refinement of the Funding Model; and
 - **The third phase from 2021-2025:** Alignment of NHI with various revenue generation initiatives.
 - The Malaysian Big Fast results approach renamed Operation Phakisa, and adopted by National department of Health for Ideal Clinic Initiative to improve service delivery in our clinics nationwide emphasises its critical role in fast-tracking delivery on the priorities included in the National Development Plan 2030;

Ideal clinic teams have been appointed in the five districts wherein 10 Ideal clinic sites per district have been identified for assessments and implementation in line with the Premier's injunction that 50 Ideal clinics be implemented.

- The following features of the Ideal Clinics should be taken into cognisance:

- To qualify as an Ideal Clinic, a clinic must score 80% or higher in Dash-board score card of the Office of Health Standard Compliance.
- To determine the causes of bottlenecks and how best to put interventions to improve health service delivery and better health outcomes care.

To correct weaknesses and also assist districts and their facilities to secure the required resources needed to address (or fix) the weaknesses/challenges identified.

We have developed the **Health System Governance & Accountability [HSGA] model**, the framework through which we continue to implement our endeavours to realise our vision of *“Increasing life expectancy through health system effectiveness, driving system change and ensuring sustainable quality services”*. This model is intended to revolutionise the manner in which health care service is rendered in this province as it consolidates all the different levels of the health system and accentuates its accountability to the community that the Department serves. (Attached as an Annexure)

The key tenets of the model are the imperatives that are crucial in integrating programme management and strengthening the health system, which are outlined hereunder:

- Leadership
- Governance
- Human Resources
- Finance
- Change Management

Through the Office of Health Standards Compliance, we continue to address quality of care by focussing on improvements in:

- Staff attitude
- Cleanliness
- Availability of medicine and essential equipment
- Patient and staff safety and security
- Infection control
- Reducing patient waiting times

Twenty four (24) PHC facilities in Xhariep, Fezile Dabi and Mangaung were surveyed for staff attitude. Twenty one (21) scored favourably on a caring attitude of staff. However, this does not mean that we should turn a blind eye to those incidents of poor attitude. In the same way we shall continue to punish and correct bad attitude, we need members of the public to bring to our attention those staff members who perform excellently in order for us to acknowledge them appropriately.

From time to time we receive feedback from our community on our services mostly in the form of complaints and complements. A series of reports have highlighted concerns about poor care, lack of privacy and respect for patients and failure to be compassionate and communicative.

We recently asked the community for inputs for this budget vote through Facebook. Among others Sello Mofumane of Heilbron said, "*Decisive leadership at our clinics. It will lessen the burden our district hospital experience as a results of staff attitude and lack of management and leadership skills*" and Bontle Taje, when commenting on Fezi Ngubentombi Hospital, said "*I had the privilege of working at this hospital, specifically in the maternity ward. The sisters in this ward are on another level. There were times I would work 24 hours straight shift and go to the appalling nurses' home. The job done here is wonderful despite very limited almost non-existent resources.*" Tumelo Hlangabeza of Bloemfontein also told us that, "*now is the time EMS to be on the same level as ER24 & Netcare!!! We must match them pound to pound with tidiness, cleanliness of the Ambulances and remove mentality of EMS management that they own that department!!*".

We know that our health workers are a committed and dedicated workforce that sacrifices a lot for patient care. We shall be establishing an incentive programme that shall recognise and validate caring workers and reward them appropriately.

Many of our facilities are still not attaining the level of cleanliness we require (scores range between 55 and 80%). Tokollo hospital recently scored 100% in a National survey on cleanliness. We expect no less from the rest of our facilities.

We established an innovative model for the dispensing and distribution of chronic medicine and contracting of service providers as collection points in Thabo Mofutsanyana to improve access to ARVs and Chronic medicines, thus reducing waiting times at health facilities. The availability of medication in our health facilities has been between 78% and 95% for both essential and tracer medicines.

To reduce waiting times, we are improving our triaging system and introducing the electronic appointment system linked to health electronic registration.

To strengthen our monitoring of patient safety and security, an electronic complaints management system which is already fully implemented in our hospitals will be rolled out to all clinics.

To reduce patient waiting times at our facilities we shall introduce an electronic appointment system linked to health electronic registration. This will reduce the number of anniversary visits by chronic patients to the clinics as it will spread patient appointments throughout the day.

ACHIEVEMENTS

Honourable Speaker, I shall now present a summary of our key achievements for the 2014/15 financial year, which is by no means exhaustive:

Output 3:

- **All the confirmed cases and 83% of TB suspects were started on treatment.**
- 83.5% TB new client success rate and 82.9% TB success rate were achieved.
- The rate of TB clients lost to treatment was maintained at 4.3%, achieving the target of less than 5%.
- **Fortified nutrition programme was implemented at MDR/XDR units and 2 950 patients received supplements at each visit.**
- From April 2014 to January 2015, a total of 447 782 people were tested for HIV, of which 10% were positive, which was a decline from the 11.5% of the previous corresponding period.
- **25 571 new patients were initiated on Antiretrovirals.**

Output 2:

- **Sub-dermal contraceptive implants** were promoted through *Operation Back to Care* and health talks at clinics and to date **13 348 women received the service.**
- Sterilisation roving teams were established to outreach to the district hospitals in collaboration with the reproductive unit at the university of the Free State.
- HPV vaccine 1st dose coverage for grade 4 learners reached 89.7%, above the national target of 80%.
- The 2nd dose vaccine coverage exceeded the target to 87.8%, and schools to 102.9% (Few independent schools that were not part of the EMIS were visited on request).
- **Cervical cancer screening coverage improved to 51.1%.** This has varied across the five districts with Xhariep reaching 80.6% which is the fourth highest in the country (District Health Barometer (DHB): 2013/14).
- 28 midwives were trained in Advanced Antenatal Care to strengthen management of High risk pregnant women. This is coupled with outreach by specialists and registrars.
- **Antenatal Care coverage before 20 weeks improved to 56.8% with Free State being the second highest province.**
- **In August 2014, the National Minister of Health launched Mom Connect in the province.** This is a mobile electronic system that allows pregnant women to connect and share their experiences with the care providers in our facilities. Health promotion messages are provided through the systems.
- 1 471 nurses in 216 facilities were trained to register women on the system and 7 207 pregnant women have registered.
- Vitamin A, which is a micronutrient essential for healthy eyes, growth, immune function and survival is available in all our facilities. This is given to children from six to 59 months.
- **Vitamin A coverage 12-59 months reached 54.8%** through the use of Community Care Workers and School Health Nurses in households and at the Early Childhood Development (ECD) centres.

Output 4:

- **49 fully fledged Ward Based Outreach teams are functional in all districts, covering 73 wards.**
- The FS Regional Training Centre received accreditation from Quality Council for Trades and Occupations (QCTO) to conduct the accredited CHW training.
 - **510 CHWs were assessed in Phase 1**
 - **210 CHWs were trained in Phase 2**

- **810 Community Care Givers were assessed for the 2nd Cohort of Phase 1 CHW.**
- Of the 600 Care Givers that were assessed 510 were successful and did the 2nd Phase training module. Five (5) District Clinical Specialists teams have been established.
- Currently (21) School Health Teams are functional in the Province, with one team for 2 000 learners according to the norm;
- A number of existing facilities have been upgraded, new structures built, using mobile and/or prefabricated facilities to resolve acute problems;
- A number of clinics are connected with continued appointment of information officers and Data Capturers.
- **20 health promoters were appointed and 53 Healthy Life Styles campaigns were conducted, reaching 46 740 community members** across the Province.
- **Screening covered 5 437 people for hypertension, 4 398 for Diabetes Mellitus and 9 835 for Body Mass Index (BMI) to exclude obesity.**
- School Health Grade 1 coverage for 1st and 2nd quarters was 50.4% and 35.4% respectively, above the target of 30% and Grade 8 coverage was 40.3% against a target of 25%.
- **4 458 learners in 99 ECDs in all districts, were assessed.**
- Through the partnership with the NEDBANK Mobile School Bus Mangaung Metro and Xhariep districts, 12 schools reached and 1 359 learners were screened.
- **50 new ambulances were distributed to the five districts: Xhariep = 9, Mangaung = 10, Lejweleputswa = 10, Fezile Dabi = 10 and Thabo Mofutsanyana = 11.**
- **Rescue vehicles: Xhariep = 2, Mangaung = 1, Lejweleputswa = 1, Fezile Dabi = 3, Thabo Mofutsanyana = 3.**
- **Planned Patient Transport vehicles: Xhariep = 4, Mangaung = 2, Lejweleputswa = 4, Fezile Dabi = 4, Thabo Mofutsanyana = 6.**
- 10 956 people were issued with orthotic & prosthetic devices, exceeding the annual target of 10 150.
- The **backlog of patients and clients waiting for orthotic & prosthetic service was reduced from 1 734 to 208.**
- **483 Students, comprising of 41 midwives, 222 professional nurses, 134 enrolled nurses and 86 enrolled nursing assistants** successfully completed their training.
- The different hospital-based nursing schools were successfully integrated into the main campuses of the Nursing College.
- In the challenging resource constraints a **total of 1 548 appointments** of essential staff were made. There are currently **263 students undergoing training as health professionals in 3 countries** and, as

they qualify, they will contribute significantly to the reduction in the current shortage of health professionals.

- 10 new medical students were enrolled for studies in Cuba in November 2014.
- The enrolments on the key training programmes on scarce skills: Intensive Care Nursing, Operating Theatre, Neonatology, Oncology, Trauma Nursing and EMS Advance Life Support.
- **47 Artisan** Learnerships were appointed as from 2nd March 2015 and 27 interns were appointed in various study fields as from 7th February 2015.
- A new Memorandum of Understanding (MOU) has been signed with the University and we are in the process of filling critical specialist posts at speed.
- Regarding transformation, as contained in the MOU, the Department, together with the university has appointed registrars as well as heads of departments of Cardiology and Orthopaedics.
- Concerted efforts are continuously made to address the findings by the Auditor General and progressively improve the audit outcomes. **The number of qualification items were reduced from eleven to three (3).**
- The **gatekeeping introduced 2013/14 began to bear fruits, with savings of over R15m on the National Health Laboratory Services (NHLS) and South African National Blood Services (SANBS) expenditure** without compromising the quality of services. We are one of the few provinces whose payment of NHLS is exemplary.
- In supporting the SMMEs, the Department awarded a contract to two (2) cooperatives, i.e. Kaofelo Clothing & Textile Co-operative Limited in Ficksburg and Mospak Trading & Projects Primary Co-operative Limited in Phuthaditjhaba to manufacture and deliver hospital linen, patient clothing and professional apparels used in the hospital.
- The **Initiation Schools Regulations were amended in November 2014** to, among others, to regulate periods of initiation schools for adults and minors, the minimum experience required of owners of schools and to stipulate the applicable offences.
- Thirteen (13) Senior Managers graduated from the Management Development Programme at University of Free State and six (6) CEOs are undergoing Albertina Sisulu Executive Leadership Programme in Health (ASELPH) management and leadership training.

Priorities for 2015/16

The Honourable Speaker, in the 2015/16 financial year, we will continue to make the necessary budget reprioritisation in order to adequately fund the Ministerial non-negotiables. In view of the tight spending ceiling that the government is facing, opportunities for improving service delivery will need to be financed

within the existing allocations therefore continue to place significant emphasis on prudent financial stewardship and operational efficiency.

Programme 1: Administration

- We have appointed the CEOs of all the hospitals except for Dihlabeng and Elizabeth Ross Hospitals, who will be appointed within the next 60 days and they will undergo leadership training.
- Establish the Council and appoint the Rector and Registrar at Free State School of Nursing (FSSON) within the next 60 days.
- All governance structures have been appointed and will be inducted on their responsibilities.
- We shall continue our collaboration with the provincial treasury for the betterment of financial management and audit outcomes.
- Reconfigure for consideration of the placement and functionality of the Medical Depot from its current form to a more effective form
- The draft Service Transformation Plan which is our vision 2030, has been finalised and is awaiting consultative process.
- Intensify security measures which shall encompass physical security, biometric and CCTV systems in all our facilities.
- Overtime and Remuneration Work Outside Public Service (RWOPS) shall be strictly monitored and managed to prevent abuse.

The budget allocation for Programme is at **R286 586 000.00**.

Programme 2: District Health Services

Output 3

- Today is the International TB Day, when the whole world commemorates the day that Robert Cock first discovered Mycobacterium Tuberculosis, the causative bacteria of TB, and the reminder to everybody of the critical need to end the scourge of this disease. In the Free State we shall hold our commemoration event at Masilonyane, Theunissen tomorrow (the 25th March 2015), under the theme: 'Ending South Africa's TB Epidemic: Accelerating our response in key populations'. As of yesterday the community dialogues started in Matjhabeng in preparation for the World TB Day.
- We shall undertake a Provincial TB and HIV campaign focusing mainly on mining areas and Correctional facilities.
 - Roll-out of a massive TB and HIV and AIDS campaign, Medical Male Circumcision (MMC), condom distribution and advocacy.
 - Address the social determinants of disease in collaboration with our partners like local municipalities, other Government departments and private sector.
 - Address socio-economic deprivation that aggravates vulnerability to disease.
- Community health care worker programme has been developed with clear qualification criteria to fortify our community outreach programmes.

- All HIV and AIDS programmes in Provincial Departments and local municipalities shall be coordinated and monitored by the Department of Health through the Provincial Council on AIDS, which must be sustained by financial contributions by the respective parties.

Output 2

To intensify maternal, child, women, newborn, nutrition and youth programmes, we shall continue to implement the following:

- Implement and strengthen the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) programme.
- Prevent and manage causes of maternal mortality.
- Strengthen implementation of Essential Steps in the Management of Obstetric Emergencies (ESMOE) and obstetric emergency simulation training.
- Intensify the referral of high risk pregnancies to centres with skilled personnel.
- Procure mobile ultrasounds to ensure that each sub-District has the ability to do dating scans on pregnant women
- Improve access to women in need of sterilisations through an outreach program provided by specialist obstetricians and gynaecologists in our facilities.
- Conduct audit and accredit all Termination of Pregnancy (TOP) facilities.
- Conduct cervical cancer screening outreach programme in collaboration with developmental partners to improve coverage.
- Intensify screening programmes for cervical cancer in HIV positive women.
- Strengthen the advice of contraception to women with complications;
- Increase the number of facilities accredited for Mother Baby Friendly Institution (MBFI) from 3 to 15.
- Strengthen the management of newborns by training midwives through the 'Help Babies Breathe' programme.
- Improve on caesarean section safety by developing the accreditation criteria for maternity sections based on infrastructure, equipment, staffing and skills norms. We shall do a detailed gap analysis for implementation of accreditation criteria to assist in costing and planning of services.
- Strengthen the dedicated inter-facility transport for maternal services.

Output 4

- The previous three Mental Health Review Boards have been amalgamated into one Board for the Province. In 2015/16 the new Mental Health Directorate will be established and the District Based Specialist Mental Health Team will be appointed in Thabo Mofutsanyana District.
- All our hospitals along the major arterial routes will be turned into specialised trauma centres.
- We shall strengthen our rural health services through prioritisation of mobile clinics.

Budget allocation for **Programme 2: District Health Services** is at **R3 483 627 000.00**.

Programme 3: Emergency Medical Services

- During the past financial year we took delivery of 50 ambulances, 20 planned patient transport vehicles and 10 rescue vehicles.
- More ambulances will be procured this year to cover the needs. Furthermore, we have agreed with Government garage to delay the disposal of ambulances that are still in good condition.
- This will assist us in increasing the total number of available vehicles and result in improved response times.
- We shall be refurbishing and constructing EMS stations at identified strategic areas.
- All Basic Ambulance Assistants (BAAs) shall undergo refresher training, which they are expected to pass. Those that are unwilling or unable to complete refresher course shall be redeployed to other areas of need.
- There is an observation that our personnel are over-weight. Fitness training and weight loss shall be part of their ongoing training. Failure to attain the required defined weight proportions will result in their redeployment to other areas of need where they shall not be exposed to undue danger. We will work with the Department of Sports, Arts and Culture and dieticians to fulfil this requirement.

The budget allocation for EMS is at **R560 308 000.00**.

Programme 4: Provincial Hospital Services

Honourable Speaker, allow me to digress for a moment. A few weeks before my budget speech of 2014, the media went into a frenzy with inaccurate and unsubstantiated stories regarding Dhlabeng Regional Hospital. Is it a coincidence that in the past few days the same thing has happened?

In all articles of a particular newspaper, starting from June 2014 to 20th March 2015, one would struggle to find anything positive about health service delivery in the Free State under my leadership. I challenge people to draw their own conclusions. Even before the sensationalist stories in the media, I had already instructed the relevant officials in my Department to deal with issues of the said hospital.

Budget for Provincial Hospitals is at **R1 265 913 000.00**.

Programme 5: Central Hospital Services

The absence of a regional hospital in Mangaung area will continue to place unbearable demands on the services provided by Pelonomi hospital. Hon Speaker, I look forward to the day when ignorant critics will acknowledge the work done by this institution in the face of adversity. To ignore the challenges faced by Universitas hospital in the past year would be tantamount to burying our heads in sand.

However, I can stand in front of this august house today and unequivocally declare that there is no implosion and the health system is not collapsing.

Central Hospital budget allocation is at **R2 138 664 000.00**.

Programme 6: Health Science Training

- Strengthen the training of health professionals both locally and in foreign countries to improve their availability for service rendering.
- Strengthen collaboration with the Health & Welfare SETA (HWSETA) in order to access funding for training.
- Partnering with an Accredited Higher Education Institution and offering the following: Diploma in Emergency Care; Emergency Care Assistant course and Diploma in Rescue.
- Obtain Ambulance Emergency Assistant (AEA) accreditation.
- Continue to hunt for and train clinical engineers and technicians.
- Engage the university on the establishment of schools of Dentistry and Pharmacy.

Budget allocation is at **R212 521 000.00**.

Programme 7: Health Care Support Services

Under this programme, we shall continue to:

- Improve accessibility to Orthotic and Prosthetic services by the Free State communities by strengthening outreach services;
- implement the approved laundry equipment replacement plan and linen management in order to ensure the availability of linen at all health facilities;
- Increase the number of chronic dispensing and distribution hubs by establishing an additional one in Lejweleputswa;
- Improve safety of use of medicines through the strengthening of Pharmacovigilance and Antimicrobial Stewardship programmes and
- Improve the governance of pharmaceutical services and the availability of medicines at health facilities.
- Develop and implement a waste management strategy, which shall commence with the pilot project on medical waste management.

Budget allocation is at **R131 672 000.00**.

Programme 8: Health Facilities Management

- Implement planned and recurrent maintenance of all health facilities.
- Feasibility study on the construction of trauma centres along all the major arterial routes shall be embarked upon in collaboration with the Road Accident Fund.
- Purchase medical equipment for new and refurbished facilities and replace obsolete equipment.
- Implement DoRA Infrastructure planning requirements to qualify to bid for Conditional Grant budget for 2016/17.
- Ensure the implementation of the gazetted infrastructure norms and standards.
- Eradicate of all building, mechanical and electrical construction and maintenance backlog.
- Upgrade existing mortuaries along major arterial routes.
- Implement Provincial Budget Lekgotla resolutions regarding infrastructure and priority be given to heating and cooling in hospitals.

Budget allocation is at **R596 138 000.00**.

Honourable Speaker, I would like to conclude by saying we are not quitters. We have been assigned the task of ensuring access to quality health care for the Free State communities. We know that the majority of those who are listening in their homes and sitting here today love the Free State and would like us to succeed. One would like to take cue from the words of President Barack Obama when addressing the Joint Session of Congress on Tuesday, February 24th, 2009 when he said **‘They tell us that even in the most trying times, amid the most difficult circumstances, there is a generosity, a resilience, a decency, and a determination that perseveres; a willingness to take responsibility for our future and for posterity. Their resolve must be our inspiration. Their concerns must be our cause. And we must show them and all our people that we are equal to the task before us.’**

Honourable Speaker, I hereby table **BUDGET VOTE 5** of Department of Health for your consideration. **(Attached Annexure A)**

Thank you.

Annexure A

		2014/15	% Change	2015/16
Programme 1	Administration	R265 977 000.00	7.7%	R286 586 000.00
Programme 2	District Health Services	R3 420 307 000.00	1.9%	R3 483 627 000.00
Programme 3	Emergency Medical Services	R478 339 000.00	17.1%	R560 308 000.00
Programme 4	Provincial Hospital Services	R1 204 557 000.00	5.0%	R1 265 913 000.00
Programme 5	Central Hospital Services	R2 037 685 000.00	5%	R2 138 664 000.00
Programme 6	Health & Science & Training	R163 133 000.00	30%	R212 521 000.00
Programme 7	Health Care Support	R131 044 000.00	0.5%	R131 672 000.00
Programme 8	Health Facilities Management	R626 135 000.00	-5,0%	R596 138 000.00
TOTAL		R8 327 177 000.00	4.18%	R8 675 429 000.00

ANNEXURE B: Health System Governance & Accountability (HSGA) Model

