LIMPOPO
PROVINCIAL GOVERMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

LIMPOPO DEPARTMENT OF HEALTH

BUDGET VOTE 7 SPEECH

BY MEC DIEKETSENG MASHEGO

07 MAY 2026

VENUE: LIMPOPO LEGISLATURE, LEBOWAKGOMO

BUDGET VOTE 7 SPEECH DELIVERED BY MS DIEKETSENG MASHEGO, MEC FOR HEALTH AT THE LIMPOPO PROVINCIAL LEGISLATURE ON 07 MAY 2026.

Honourable Speaker and Deputy Speaker

Honourable Premier

Members of the Executive Council

Honourable Members of the Provincial Legislature

Traditional Leaders, Religious Leaders and Esteemed Guests

Ladies and Gentlemen

AVUXENI

Honourable Speaker, I would like to start off with a famous quote of our founding father, President Nelson Mandela:

> "***Health cannot be a question of income; it is a fundamental human right.***"

These are the words, Dr. Nelson Mandela, spoke at the launch of South Africa's first Public-Private AIDS Treatment Site in Cape Town on the 1st of December 2003.

These profound words carry one of the most fundamental principles that our democracy is based on a guaranteed respect, protection and advancement of the human rights of all South Africans. It is a barometer that we have to gauge all our efforts by and endeavour to do well against. It is in the people's direct lived realities that we must locate our efforts. This means that across our towns, villages and communities, the question should no longer be whether healthcare is a right. The question should rather be whether that right is experienced consistently, reliably and with dignity.

This, therefore, is one of those moments where we reflect on our pursuit of this undeniable assertion by our first democratically elected President that health cannot be about income but is a fundamental right of our people. Our Budget Vote is therefore deliberately not just a technical exercise but a full expression of human rights. It is a statement about the kind of health system we are building and the kind of government our people must experience. His excellency, President Cyril Ramaphosa, also affirmed or reminded us in the State of the Nation Address that a capable state must first secure the well-being of its people, because without health there can be no development and no meaningful

participation in the economy. That principle finds expression here today in the choices we make, the priorities we set and the commitments we are prepared to uphold.

Honourable Speaker, this is a moment that calls for clarity and resolve. We are no longer defining our work in terms of plans alone. An effective government is one that should be defined in terms of its impact - the people of Limpopo must see progress, feel improvement and experience a system that responds with urgency and care and a sense that their right is being respected and pursued.

This Budget Vote speaks to that paradigm shift. It speaks to a health system that is not only expanding, but stabilising; not only delivering services but constantly seeks to restore confidence; and not only managing challenges but confronting them with purpose and determination.

STRATEGIC CONTEXT AND POLICY ALIGNMENT

Honourable Speaker, in the previous financial year, we committed to reposition healthcare as a central driver of social and economic development. That commitment was not rhetorical. It has been

translated into measurable outputs and clear targets contained in the 2026/27 Annual Performance Plan.

Our work is guided by the National Development Plan, the Medium-Term Development Plan, the Limpopo Development Plan, and our Premier's State of the Province Address, all of which place strong emphasis on improving life expectancy, reducing the burden of disease and strengthening access to quality healthcare.

Our 2026/27 Annual Performance Plan sets out clear targets. We are expanding 24-hour services, strengthening disease prevention programmes, improving emergency response systems and stabilising human resources across the Department.

We are therefore entering a phase where delivery must not only be measurable but also be visible and consistently rendered regardless of one's station in life or geographical location.

PRIMARY HEALTH CARE SERVICES

Primary Health Care remains the foundation of our health system and the first point of contact for the majority of our people. It is at this level that access, equity and continuity of care are most

directly experienced, and it is therefore where we continue to focus deliberately and to sustain effort.

Across the Province, we currently operate a total of 476 Primary Health Care facilities, of which 204 are already providing 24-hour services. In the 2026/27 financial year, we continue to toil to expand this access further, with 80 additional facilities earmarked for 24-hour service, using a combination of night-duty and on-call models.

Through the roll out of the 24 hour service we once again demonstrate a Province that is not only expanding access, but doing so in a structured and measurable manner, aligned to service demand and population distribution.

Honourable Speaker,

We have also strengthened management capacity at facility level through the appointment of 87 Operational Managers at primary health care facilities in the 2025/26 financial year. This intervention has improved oversight, coordination and accountability within facilities, ensuring that service delivery is better managed and more responsive to community needs,

consistent with the human rights injunction of President Mandela as alluded to earlier on..

Community-based services remain a critical pillar of Primary Health Care. In compliance with a collective agreement that was made a court order, the Department has permanently appointed 2,932 Community Health Workers with matric qualifications, while continuing to support 3,931 Community Health Workers without matric through stipends. This intervention has stabilised the workforce and recognised the essential role that these workers play in prevention, early detection and continuity of care that is the hallmark of the primary health care model of our country.

Honourable Speaker,

In that same spirit, the department has procured 148 state-of-the-art mobile clinic units, with the first batch of 23 fully equipped vehicles already received and deployed. The design of these units enable healthcare workers to deliver services in a much better way – a full package of primary health care services, in keeping with the rights of patients to privacy - directly within communities, particularly in rural and hard-to-reach areas.

The expected impact of these combined interventions is a primary health care system that is more accessible, better managed and more responsive. A system where services are not only available, but consistently delivered; where outreach is not occasional, but structured; and where access is not defined by proximity to facilities or income, but by the reach of the health system itself.

HIV, TB AND OTHER COMMUNICABLE DISEASES

Our response to HIV, TB and other communicable diseases continues to show measurable progress, reflecting a health system that is increasingly proactive, coordinated and outcomes-driven.

In the previous financial year, we strengthened HIV prevention and treatment interventions through a combination of innovation, scale and targeted community engagement. The introduction of HIV self-screening as a service that is available across public health facilities has expanded access to HIV services significantly.

Prevention efforts have also been intensified through expanded access to Pre-Exposure Prophylaxis. Within eleven months of the 2025/26 financial year, uptake exceeded the annual target of 20,000, reaching 24,759 individuals. This reflects growing awareness and improved access to preventative services.

Encouragingly, outcomes in paediatric HIV have improved significantly. Through strengthened clinical governance and multidisciplinary interventions, viral load suppression among children improved from 57.1 percent to 92.8 percent, while ART retention at 12 months reached 95.3 percent, surpassing the set target.

In addition, the national campaign to close the ART care gap has seen the Province achieve 57.5 percent of its target of 180975, by successfully linking 104,056 individuals that had dropped out, back to treatment.

Honourable Speaker,

In the fight against tuberculosis, the Province has also maintained strong performance. Facility-based screening has consistently exceeded 100 percent coverage, while TB testing increased by 75.3 percent compared to the previous financial year. Treatment initiation reached 99.2 percent, exceeding the national target of 95 percent, and treatment success rates met the provincial target of 81 percent.

However, we remain concerned about the TB death rate of 13.1 percent, which is primarily driven by late presentation to health

facilities. While uptake of preventive therapy has improved significantly from 7.5 percent to nearly 50 percent, it remains below the 70 percent target.

In the 2026/27 financial year, we will intensify community-based testing, strengthen early detection mechanisms, and improve linkage to care, with a particular focus on reducing mortality associated with late presentation.

MATERNAL, WOMEN AND CHILD HEALTH

We have made measurable progress in improving maternal and women's health outcomes, reflecting strengthened clinical services and preventative interventions.

Specialist recruitment has strengthened services, with 26 specialists now serving across districts, improving the management of high-risk pregnancies. Maternal mortality has declined to 83 per 100,000 live births, surpassing the target of 110 per 100,000 live births.

The HPV vaccination programme continues to perform strongly, achieving 96 percent coverage, the highest in the country. Cervical screening has improved through targeted interventions, including the procurement of eight additional colposcopy machines, ensuring all 37 hospitals offering acute services are equipped.

In the 2026/27 financial year, we will strengthen antenatal care, improve the monitoring of high-risk pregnancies and sustain high immunisation coverage.

MALARIA CONTROL

Honourable Speaker,

Malaria control remains a critical component of our communicable disease response, particularly given the Province's vulnerability to seasonal transmission and cross-border movement.

Despite above-normal rainfall and flooding conditions, malaria cases declined significantly from 4,493 cases in 2023 to 949 cases in 2025. This reduction reflects the effectiveness of strengthened surveillance systems, indoor residual spraying, and larval source management. Indoor residual spraying is at 94 percent coverage,

contributing to the disruption of transmission cycles and the reduction in cases.

However, Honourable Speaker, the increase in imported malaria cases remains a concern, underscoring the need for strengthened cross-border collaboration.

The case fatality rate of 1.37 percent, which remains above target, highlights the importance of the promotion of early health-seeking behaviour and timely access to treatment.

In the 2026/27 financial year, we will sustain high coverage of preventative interventions, strengthen surveillance and intensify community awareness.

EMERGENCY MEDICAL SERVICES

Emergency Medical Services remain a critical pillar of the provincial health system, providing life-saving pre-hospital care and ensuring that patients are stabilised, transported and connected to appropriate levels of care across both urban centres and deep rural communities.

Over time, EMS in Limpopo has evolved from a largely transport-oriented service into a clinically capable and strategically

positioned emergency care system. This transformation has been driven by sustained investment in skills development, system strengthening and service modernisation, allowing EMS to play a more decisive role in patient outcomes.

A key component of this evolution has been the strengthening of advanced care capacity. The Province now operates a fully functional 24-hour aeromedical service, which has significantly improved access to advanced life support, particularly in remote and hard-to-reach areas – where it is possible for the helicopter to land even at night. This capability has enhanced referral pathways, reduced delays in critical interventions, and improved outcomes for severely ill and injured patients.

Honourable Speaker,

We reported that, during the 2023/24 financial year, the Department procured 566 ambulances, addressing long-standing shortages and significantly improving service availability. This was further reinforced in the 2025/26 financial year with an addition of 44 ambulances, ensuring continuity and reliability of services across the Province.

Building on these gains, the Department has planned the procurement of a further 140 ambulances in the 2026/27 financial year, to sustain fleet stability and respond to increasing service demand.

The expected impact of this continued investment is a more reliable and responsive EMS system, characterised by reduced waiting times, improved coverage, and enhanced ability to respond to emergencies across all geographic areas. It should be a system that more and more accords with the Bill of Rights in Section 27 of the Constitution which guarantees everyone the right to emergency care.

Honourable Speaker,

We have also strengthened communication and coordination through the implementation of a Computer-Aided Dispatch system, which continues to evolve. Despite, teething challenges that goes with any new system, it has significantly improved call handling, resource allocation and real-time monitoring of operations, contributing directly to improved response times and overall system efficiency.

As we move forward, our focus remains on consolidating these gains. We will continue to strengthen advanced life support capacity, sustain fleet functionality, and ensure that emergency medical services are delivered equitably across the Province.

The impact of these interventions is clear. Lives are being reached faster. Critical care is being delivered more effectively. And the health system is becoming more responsive to emergencies.

TERTIARY HOSPITAL SERVICES AND SPECIALISED CARE

Honourable Speaker, the strength of our health system is most visible at the level of tertiary hospital services, where the most complex conditions are managed, where specialised interventions are delivered, and where the system is tested in its ability to save lives, restore human functioning and sustaining long-term care.

In the previous financial year, we made deliberate and measurable progress in strengthening delivery of health services through health technology. The Department successfully procured and installed 10 digital X-ray units across facilities - 2 in Pietersburg Hospital and others in Mankweng, Lebowakgomo, Mokopane, Ellisras, FH Odendaal, Malamulele, Kgapane and Van Velden hospitals. This transition from analogue to digital imaging,

integrated with the Picture Archiving and Communication System, has improved diagnostic efficiency, reduced turnaround times, and enhanced the quality of clinical decision-making.

This investment in diagnostic capacity has already begun to shift the system from one characterised by delays to a service that is responsive, where patients are diagnosed earlier and managed more effectively.

We have also strengthened clinical leadership and multidisciplinary capacity across tertiary and regional hospitals. The appointment of 1 Head of Clinical Department and 4 Heads of Clinical Units, alongside 22 medical and dental specialists, has enhanced clinical governance and improved oversight of specialised services. This has been further supported by the placement of 15 Medical Officers who completed specialisation examination and are awaiting completion of their research work, reinforcing service delivery in critical areas.

To ensure sustainability, we have invested in the academic platform through the appointment of 20 medical registrars and the deployment of 4 supernumerary registrars for specialist training. This is a strategic intervention that confirms the province's quest

to extend the training platform, with accreditation requirements being progressively realised to ensure that more specialists are available in time for the effective functioning of the Limpopo Central Hospital.

The impact of these appointments is already evident. There has been improved access to specialised care, strengthened multidisciplinary collaboration, and measurable progress in addressing surgical backlogs across facilities.

We are also pleased to announce that the recruitment process for 227 Medical officers has been successfully concluded, and they will join our hospitals on the 15th of this month, this will ensure effectiveness in our health facilities.

Honourable Speaker,

We are also expanding access to highly specialised services that were previously limited or unavailable within the province.

As previously reported, following the commissioning of the Positron Emission Tomography–Computed Tomography (PET-CT) scanner at the Pietersburg Hospital, the public health system in

the Province has introduced a critical diagnostic capability for cancer care. Already,60 patients have benefited from this service, marking a significant step towards improving oncology outcomes.

This will be further strengthened through the commissioning of a second linear accelerator in the second quarter of the 2026/27 financial year, which will increase the capacity for cancer treatment, reduce waiting times, and minimising treatment interruptions for patients requiring radiotherapy.

Our effort to decentralise renal services is well publicised. It is my pleasure to announce that the Tshilidzini renal dialysis unit has been completed and commissioned and is already functional as of Monday, 4 May and has since assisted 5 patients. The unit in Letaba will be operational during the third quarter of this financial year.

Honourable Speaker,

Across facilities, improvements in specialised care are also being realised through targeted interventions. At Mankweng Hospital, surgical backlogs have been addressed in specific areas such as cleft lip and palate procedures, while complex surgical capabilities have been demonstrated through procedures such as the

successful separation of conjoined twins. These are not isolated achievements. They reflect growing clinical capability within the province. Consequently, I wish to take a moment to personally recognise and honour the team that made this remarkable achievement possible. This was a multidisciplinary effort of the highest order, led by Professor Tshifularo, Head of Paediatric Surgery, bringing together anaesthetists, plastic surgeons, paediatricians, allied health professionals, nursing professionals and support staff. To each and every one of you, I say: we see you, we honour you, and this Province is proud of you.

I also wish to express my personal appreciation to the Premier and the Minister of Health for their unwavering support, and to the pastors who prayed for the team and for those precious babies. It truly took a coordinated effort, a village, in every sense of the word, to achieve this milestone.

The Rural Health Matters project, officially launched in 2020, continues to play a significant role in reducing the surgical backlog and transferring specialist skills to our facilities and our people.

In the 2025/26 financial year, a total of 1 796 operations were performed through this programme, a testament to the dedication

and expertise of the specialists who give their time and skill in service of our communities. We take this opportunity to acknowledge and express our sincere appreciation to every specialist in our midst for the sterling work they continue to render. You are indeed changing lives.

Meanwhile, 1 874 cataract procedures were also performed across the Province through our 'cataract must fall' campaign. These are not merely numbers on a page. Behind each one is a person, a grandmother who can now see the faces of her grandchildren, a father who can return to work, and a learner who can read a book. These are people whose sight has been restored, whose dignity has been affirmed, and whose quality of life has been fundamentally transformed. Amongst my special guests today is a 12 year old, Katlego and his mother. Katlego was injured while playing soccer and sustained traumatic cataract of the right eye which made it difficult for him to continue with his studies; I'm proud to announce that Katlego was successfully operated through this campaign and he's now doing well at school.

Honourable Speaker, we are determined that no one in Limpopo should lose their sight for want of access to care. One procedure

at a time, one patient at a time, we will continue to confront this backlog with purpose and resolve.

MENTAL HEALTH SERVICES

Honourable members, mental health remains a critical priority within the health system, requiring a response that is both structured and sustained.

In the previous financial year, we ensured that all five district Mental Health Review Boards were fully functional. These boards continue to play a central role in safeguarding the rights and dignity of mental health care users, overseeing assisted and involuntary admissions, and ensuring compliance with legal and clinical standards in line with the Mental Health Care Act.

Through regular sittings and case reviews across all districts, these structures have strengthened accountability, improved governance, and ensured that mental health services are delivered within a framework that prioritises human rights and ethical care.

Honourable Speaker,

During this financial year, we are building on this foundation by expanding community-based mental health services, ensuring

that care is accessible closer to where people live. This will be supported by strengthened referral systems to ensure continuity of care across different levels of the health system.

We will also intensify awareness campaigns, with a continued focus on reducing stigma and encouraging early help-seeking behaviour, particularly among young people and vulnerable groups.

Honourable Speaker,

In strengthening mental health services, we are not only addressing a clinical need. We are affirming the principle that healthcare must care for the whole person, and that dignity must remain at the centre of every intervention.

CORPORATE MANAGEMENT AND SYSTEM STRENGTHENING

Honourable Speaker, a capable health system is sustained not only by clinical excellence, but by the strength, stability and reliability of the systems that supports it. It is within this context that we have placed deliberate focus on corporate management and system strengthening, recognising that without functional systems, service delivery becomes inconsistent, vulnerable and

unsustainable. We dare not fail in this regard as this is the cornerstone of our health service delivery,

Honourable Speaker,

The Department is finalising a comprehensive infrastructure masterplan that will guide the systematic expansion and improvement of health facilities across the province. Honourable Premier, this initiative directly responds to your directive in the State of the Province Address, where you called upon the Department to develop a plan on how new clinics will be built or made available in the province. The master plan will guide the identification of areas that require new health facilities. Honourable Premier, you also announced a partnership between Venetia Mine, the Blouberg Local Municipality and the Department through which a clinic would be built at Ga-Kibi. I am pleased to announce that the planning of the clinic is well under

way and construction will start during the course of this financial year.

BUDGET BREAKDOWN: VOTE 07 — HEALTH

The 2026/27 health budget has increased by 10 percent to R28.7 billion, reflecting government's unwavering commitment to strengthening healthcare delivery across the Province. The largest portion, R15.2 billion, has been allocated to district health services and district hospitals, recognising that it is at this level that the majority of our people first encounter the health system.

Further allocations include R3.3 billion for regional and specialised hospitals, R2.8 billion for tertiary hospital services, R2.1 billion for HIV and TB programmes, and R164.9 million for malaria control all of which speak to a budget that is responsive, purposeful and aligned to the needs of our communities.

CONCLUSION

Honourable Speaker,

This Budget Vote is about measurable progress and accountable delivery. We therefore move forward with a clear understanding that our responsibility is not only to plan, but to deliver; not only to commit, but to fulfil.

Hon Speaker

I would like to take this opportunity to extend my sincere appreciation to the Portfolio committee on health, for their unwavering support and oversight. May I also convey my gratitude to the Hon Premier Dr Phophi Ramathuba for her leadership and counsel, HOD Dr Ndwamato and Team Health for their unrelenting commitment and dedication which enables us to continue serving the people of Limpopo.

I therefore present this budget vote for consideration by this august House.

Ngiyathokoza

Summary per Funding Source	Adjusted appropriation	Medium-term estimates		
R thousand	2025/26	2026/27	2027/28	2028/29
Equitable share	21 889 466	24 104 673	25 101 957	25 771 861
Conditional grants	4 270 864	4 339 993	4 389 666	4 530 897
Departmental receipts	235 153	239 414	249 853	261 072
Total	**26 395 484**	**28 684 080**	**29 741 476**	**30 563 830**

Summary per Programme	Adjusted appropriation	Medium-term estimates		
R thousand	2025/26	2026/27	2027/28	2028/29
1. Administration	320 534	309 082	323 201	337 746
2. District Health Services	17 019 246	19 299 030	20 023 555	20 392 219
3. Emergency Madical Services	1 213 026	1 308 980	1 270 418	1 320 956
4. Provincial Hospital Services	3 246 873	3 326 167	3 515 241	3 673 425
5. Central Hospital Services	2 483 517	2 504 343	2 680 045	2 819 487
6. Health Sciences And Training	628 262	679 486	712 921	743 001
7. Health Care Support Services	185 591	248 080	263 807	275 678
8. Health Facilities Management	1 298 435	1 008 912	952 288	1 001 318
Total	**26 395 484**	**28 684 080**	**29 741 476**	**30 563 830**

Summary Per Economic Classification	Adjusted appropriation	Medium-term estimates		
R thousand	2025/26	2026/27	2027/28	2028/29
Compensation of employees	17 624 775	19 449 447	20 174 881	20 799 045
Goods and services	7 627 071	8 023 021	8 640 564	8 731 250
Provinces and municipalities	3 462	2 812	2 939	3 070
Departmental agencies and accounts	27 261	30 022	31 013	32 409
Households	204 482	166 359	176 490	186 871
Buildings and other fixed structures	290 312	318 303	357 225	364 645
Machinery and equipment	618 121	694 115	358 364	446 541
Total	**26 395 484**	**28 684 080**	**29 741 476**	**30 563 830**

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