

BUDGET SPEECH VOTE 7 FOR THE DEPARTMENT OF HEALTH
2021/22.

SPEECH DELIVERED BY LIMPOPO HEALTH MEC, DR PHOPHI
RAMATHUBA AT THE LIMPOPO PROVINCIAL LEGISLATURE,
LEBOWAKGOMO, TUESDAY, 30 MARCH 2021.

Hon. Speaker and Deputy Speaker;

Hon. Premier Chupu Stanley Mathabatha;

Colleagues in the Executive Council;

Hon. Chief Whip and Chair of chairs;

The Chairperson of the Portfolio Committee on Health Hon. Joshua
Matlou;

Leader of the official opposition;

Hon. Members of the Provincial Legislature (MPLs);

Director General of the Province;

Leaders of the religious community;

HOD for Health;

Ndi Matsheloni;Avuxeni;Thobela; Goeie more;Silotjhile;

Good morning!

Honourable Speaker

During his State of the Nation Address, our President, His Excellency Vho-Matamela Cyril Ramaphosa, **Muposa misevhe**, mandated us to prioritize the fight against the COVID-19 pandemic. This was followed by our Premier, Honourable Chupu Stanley Mathabatha, **Mahlatji'a Hlabirwa**, who, during his State of the Province Address outlined the following tasks as priorities for our Province:

- The task to defeat the coronavirus pandemic;
- The task to accelerate our economic recovery;
- The task to implement economic reforms to create sustainable jobs and drive inclusive growth; and
- The task of fighting corruption and strengthening the state.

Prioritization of the battle against Covid-19 is a clear indication and commitment by our caring leaders and the caring ANC-led to government to focus on first and foremost saving lives while at the same time we restore the situation back to normality.

As the Department of Health, we have been positioned to take a lead with regard to the task of helping the province to defeat the coronavirus pandemic.

However, this does not discount us from contributing to the urgency of economic recovery; the creation of jobs; and the fight against corruption. We all have a role to play towards the realisation of these national and provincial priorities.

Madam Speaker;

Covid-19 has exposed us to the reality of the burden of diseases in our country and province. Of all the lives that we have lost to Covid-19 complications, majority had comorbidities and some of them were not even aware. While we have seen devastating events as a result of Covid-19, our Province is one of those which was found not to be worse off. The leadership provided by our Provincial Command Council and District Command Councils has assisted us as a province to navigate through this pandemic.

Epidemiologists predicted that during the first wave we will be between 2 and 5 percent attack rate, which translate to between 120 000 and 300 000 positive cases. By the first week of December we had only registered 18 000 cases which was far below 01 percent.

It is only today after navigating the second wave that we are at above 62 000 cases, which is just above 01 percent. This is on account of our push-back strategy where we prioritized preventative methods. This resulted in us not spending the total amount of **R 1. 8 Billion** which was initially allocated to fight Covid-19.

For the Financial Year **2021/22**, an amount of **R1.9 Billion** has been allocated to assist in our efforts to fight and defeat the Covid-19 Pandemic.

We made a commitment last year in this august house, that we are going to fight Covid-19 through good governance and accountability. Today we can report that we are one of those provinces that never suffered serious challenges when it comes to PPEs shortages.

This is evidenced by having less number of healthcare workers infected and succumbing to Covid-19 complications. We can also report with confidence that the Phase One Auditor-General Report on PPE procurement had no unfavourable findings. We are confident that all the reports when they are finally concluded and released will confirm what we have been saying all along about fighting Covid-19 through good governance and accountability.

TUBERCULOSIS (TB)

Last week Wednesday on the 24th of March, the global community commemorated World TB Day. As a province we were led by our Premier in reminding the people of Limpopo how far we have come in the battle against Tuberculosis. We understand and appreciate the fact that TB remains our number one killer in the country.

Despite challenges as a result of Covid-19 pandemic, we have been able to make strides through the implementation of the 10point plan strategy to accelerate the achievement of 90-90-90 targets.

The province managed to achieve the 1st 90 (90% of TB positive people who know their status) through the implementation of the HIV Testing Services (HTS) program, wherein 1 092 153 (76% of the annual target of 1 441 507) people were tested by the end of February 2021.

The number of TB cases in our province have been on a decline from 12 709 in 2018 to 11 747 in 2019 and further declined to 8 874 in 2020. Even the number of people who died due to TB in the province has declined from 1764 in 2017 to 1262 in 2019.

The reduction was due to among other things, intensified screening and improved diagnostics (U-LAM: Urine Test for TB). TB screening has been integrated into comprehensive screening for both communicable (including COVID-19) and non-communicable diseases.

The battle against TB in our province received a major boost when we procured 05 double cab bakkies (one per district) to assist with tracing of lost and follow up patients and finding contacts of TB cases and also procured 14 digital mobile x- rays for 14 hospitals to enhance early TB diagnosis.

We are however worried about the lost-to-follow-up cases. Covid-19 also contributed to this challenge. During lockdown some of our TB patients were afraid to visit our facilities due to fear of being infected by Covid-19. We want to emphasize the fact that when you are diagnosed with TB you must religiously take your medication to avoid complicated TB.

Treating ordinary TB requires only six months and it is costing the state around R1 537,18. Failure to comply might result into one developing multiple –drug resistant TB, which requires more than nine months to treat and will cost the state R112 932,86. This simply means if ten people default on TB treatment and develop MDR TB, the department will have to spend more than R1.2 Million just to treat them. And this is the money we do not have and that is why it has become so expensive to run the health system.

People had forgotten the basic principles of our health being our responsibility. To avoid these, we call upon all leaders within our society

to respond to the call made by the Premier during World TB Day that help us to find the missing cases.

Madam Speaker;

HIV/AIDS

Although we have made strides in fighting HIV/AIDS complications it is still one of the top five killer disease in our country and our Province. We have seen life expectancy of the people of Limpopo increasing as a result of our ART rollout programme. We still continue to make a call to our people to comply and not default on treatment.

ARTs have proven not only to prolong and save lives but also to strengthen our immune system and protect us from deadly opportunistic diseases like pneumonia and TB. Patients who are on ARTs suppress the viral load at times becomes undetectable leading to protecting our loved ones from getting infected. For instance, your spouse might not infect you or a pregnant woman will not infect their unborn child. Hence the Province is still on track regarding the realisation of an HIV free generation through the implementation of the Mother to Child Transmission (PMTCT) programme. By the end of January 2021, the province had achieved 0.72% (target of < 1%) through improved access of ART to pregnant women. While we recognise the critical intervention of fighting the battle against HIV/AIDS through ARTs, we still want to emphasise the **ABC** message of **Abstaining, being Faithful and Condomizing** which is very cheap and does not register any side-effects.

This would be followed by influenza and pneumonia, of note we have seen a decline in the past year of people dying from influenza and pneumonia.

This was attributed by the compulsory wearing of masks in public, basic hand hygiene and avoidance of overcrowded places. These are the positives we can draw from the fight against the Covid-19 pandemic.

Cerebrovascular diseases, diabetes and other forms of heart disease including hypertensive diseases are also on the top list of major contributors to mortality. While these are non-communicable diseases and not infectious diseases, they too, can be preventable if we all eat healthy, exercise regularly (30 minutes' walk every day in a week) will go a long way in preventing these non-communicable diseases. Since these are just lifestyle diseases.

Alcohol abuse and smoking are not assisting us in our battle against burden of diseases as a result of non-communicable diseases.

This is just, but part of the many challenges that faces our healthcare system on daily basis.

You then can understand that, Covid-19 is adding to an already burdened and desperate system.

It is for this reason that we have positioned the defeat of Covid-19 as a priority number one.

We simply do not have sufficient infrastructure, resources and human capital to be fighting so many battles from so many different fronts.

We therefore cannot overemphasise the urgency of defeating the coronavirus.

Honourable Speaker

With regard to the fight against malaria, I am able to say that our annual indoor residual spraying programme has paid off. 2019/20 we reported a

decline of 3689 cases and a fatality of 19 which translate to 0.52 percent case fatality rate.

For the 2020/21 Financial Year we were worried after receiving blessings from mother nature in the form of rains that as a malaria endemic province history might repeat itself hence we were proactive on our campaigns of primary prevention. We want to appreciate the people of Limpopo, especially Vhembe and Mopani Districts who co-operated with our Malaria spraying teams.

The disaster which could have been brought by the malaria outbreak in the middle of Covid-19 pandemic could have been more devastating hence we thank our malaria teams of sprayers who assisted us in averting what could have been a disaster. It is for that reason that we continue to prioritize this battle by investing **R94.2 million** in equitable share and an additional **R62.7 million** conditional grant in order to prevent and control malaria in the affected areas of this Province.

Maternal and Child Health

Honourable Speaker.

As a province we continue to pride ourselves by registering on an annual base a decline in maternal mortality. We have this time around managed to reduce maternal mortality rate from **106 per 100 000** deliveries to **97.8 per 100 000** deliveries. We must remind the House that in 2014/15 Financial Year maternal mortality was at **182 per 100 000** deliveries this translate to a reduction of **84 per 100 000** deliveries.

Under 5 case fatality rate has reduced from **3.3% to 2.7%**. We continue to work with communities to encourage early health seeking behaviour and to recognise the danger signs and also with health facilities to improve the management of cases through adherence to standardised treatment guidelines.

All these achievements were as a result of the Department's continuous implementation of Mother and Child saving initiatives. This financial year our focus will be to continue monitoring, amongst others the following:

Mother and Child centres of excellence (MCCE).

This includes upgrading of regional and tertiary hospitals to provide improved facilities for mothers and children and enhance the ICU capacity of the hospitals.

The onset of COVID-19 has unfortunately delayed the upgrades of the regional and tertiary hospitals; however, we have managed to register the following progress:

- Letaba Hospital: 28 Critical Care beds are created;
- St.Ritas Hospital: A 10 bedded ICU and 30 bedded Neonatal Unit with ICU are in progress. Upgrades to maternity will soon be completed;
- Pietersburg will have additional Critical Care beds, and a 48-bed neonatal unit and Paediatric ICU which is planned through a semi-permanent ward;
- Mokopane Hospital and Voortrekker hospital will be complexed to ensure a mother and child centre of excellence and trauma unit. Upgrades to create critical care beds in both hospitals will be completed in the 2021/22 financial year;

- Philadelphia hospital has created 26 critical care beds, and a new semi-permanent ward is being planned for paediatrics;
- Tshilidzini Hospital: 26 Critical Care beds are being established.

Establishment of Breast Milk Bank

In addition to the Mankweng breastmilk bank which is already fully operational, we have recently established a second breastmilk bank in Philadelphia hospital, in the Sekhukhune District to be opened in the coming weeks. The banks screen, process and distribute donated breast milk to babies in need (pre-term, orphaned, and where mothers are unable to produce).

We have seen the Mankweng bank coming in handy when a mother with a new-born baby was admitted due to severe Covid-19 condition and was unable to breastfeed. Today both the mother and the baby are healthy, and as such we call upon all breastfeeding mothers to take time and donate their breastmilk.

Nutritional services

Nutrition forms an integral part of patient care and management. It is through nutritious nutrition that our immune systems are empowered and help fight the diseases when we are sick. We will continue to prioritize food service management in our facilities that includes professionalizing the service.

Up to date ten (10) food service units (10 hospitals in all five districts) have been refurbished with new food service equipment to start implementing the meal delivery service system (Plating system). This will assist in the relevant facilities being able to provide fresh food that will aid the recovery process.

Emergency Medical Services

There are ongoing projects to increase the capacity of EMS to respond to the needs of communities in the province. During August 2020, the province commissioned a fleet of 20 Ambulances, 14 Paramedic Response Vehicles, 15 PPT Vehicles & 1 PPT Bus. The province is also finalising a project for a Computerized assisted call-taking and dispatch system, for implementation in the coming financial year.

As pronounced by the Premier during the State of the Province Address in February, the Department will be procuring new additional ambulances, Planned Patient Transport and response vehicles.

Professionalization of Forensic Pathology services

The Forensic Pathology Services unit was strengthened through the procurement a new Lodox machine ensuring that there is a functional radiology unit within Forensic Pathology Services. This is key towards detection of causes of unnatural deaths and therefore successful prosecution in criminal cases.

The service was further supported through the procurement of 11 forensic pathology vehicles.

Improving access to Radiation Oncology Services

We are proud to announce that a New Linear Accelerator Machine was installed in Pietersburg hospital in 2020 and is now fully functional. This has increased the number of patients receiving radiation oncology in the province without the need to refer to Gauteng for this specialized service.

We are therefore confident that our two Radiation Oncologists whom we produced as a province (Dr Dzivhani and Dr Mphahlele) izimbhokodo will be retained.

As pronounced last year, we have installed Four (04) CT scanners in Tshilidzini, Letaba, Mokopane and Pietersburg hospitals and they are all operational. Another CT scan machine will be purchased for Sekhukhune District in the 2021/22 financial year

Breast cancer is the most common cancer for women in South Africa. Survival is mainly dependant on early diagnosis. Many women who succumbed to breast cancer were as a result of presenting late in our facilities. This is exacerbated by lack of access to facilities hence as a department we have decided to decentralize early diagnosis of breast cancer by procuring Mammography machines and installing them in all our regional hospitals. We will also procure additional ones for our tertiary hospitals. This project must be completed in the next three (03) years.

We have been resistant to respond to the call of digitalisation of our services in line with the Third and Fourth Industrial revolutions. COVID-19 has however, taught us a lesson regarding the traditional way of doing things. We have started empowering our employees with proper working

gadgets that will enable them to work from anywhere. In the near future, some offices may not be needed leading us to focus on infrastructure that has to deal with patient care i.e wards, ICU etc.

One of the major challenges in the department is the paper-based (medical, human resource, finance and general) records generated on a daily basis and are slowly filling up our office space. The department has started a scanning and archiving project to clear the historic record from our institutions, and we have registered significant progress in both Mankweng and Pietersburg hospitals. The major benefit of this project is in respect of the fight against the huge contingent liability relating to medico-legal matters – which currently stands at just over R11 billion. When the project is completed, the Department will no longer fail to produce records to defend matters relating to medical malpractice. The Department will be on its way to stemming the tide and in fact reducing the huge medico-legal legal costs as well.

Limpopo being a rural province has been experiencing a challenge of network connectivity, this was evident during Covid-19 vaccination where healthcare workers are expected to register online and the services become slow as a result of network connectivity. We call upon all network service providers to prioritize our healthcare facilities.

Human Resources Management.

Health is and has always been a labour-intensive service delivery Department. For us to achieve all those ambitious targets and end-results,

we need a motivated staff. During 2020/21 financial year, we managed to make some progress in terms of appointment of staff despite the resource constraints that is worsened by the economic challenges our country is facing resulting into budget cuts. We have appointed 174 permanent Medical officers and 888 EPWP in various categories.

8 220 Community Health Workers who were contracted through different NGOs were placed through PERSAL system and are paid a monthly minimum of **R3 500.00** stipend. We have also appointed Covid-19 personnel which includes 09 Medical Officers; 415 Professional Nurses; 63 Staff Nurses; 82 Nursing Assistants; 07 Radiographers; 03 Physiotherapist; 08 Ward Attendants; 05 Porters and 31 Messengers.

Medical Training.

Honourable Speaker;

Our province made history in 2016 when we established the first ever post-1994 medical school attached to the University of Limpopo. It has been a long journey, tiring and rocky. We did fall on the way but we stood up and continued to run. Today more than four hundred students are registered with the school of Medicine. Amongst them, we have 48 students that are doing final year of Medicine. They started being 59 in 2016, some fell on the way and unfortunately death robbed us of one of them. The famous Junior Mkhombo was fourteen at that time and was invited to be part of the august house, is now part of the final year and will be turning 20 this year. These are the stories that make us to be proudly Limpopo people and inspire us to even work harder.

Our post-graduate medical training has also taken shape. We are currently having 90 registrars within our employ. These are medical doctors who are training to be specialists in different categories in our province and part of our plans is to augment this number by a further 19 to 109 during 2021/22. This translate to an addition of 109 specialists in our province in the next four years. We are indeed a government at work.

To sustain both undergraduate and post-graduate training in our province we must ensure adequate specialists are recruited and retained so that all our specialists' services are provided in the province.

The province has increased the number of specialists from 104 in 2018/19 to 142 in March 2021. We hope to register an additional 28 to a total 170 in the 2021/22 Financial Year.

2020/21 has been a very difficult year for healthcare workers. When many of us were on level 5 lockdown, they were on duty saving our lives. Post Covid-19 first wave, we saw many of them in this province joining me to clear surgical backlogs that were as a result of the lockdown restrictions. We have been to Sekhukhune where 44 operations of different specialities were done, we then moved to Mopani District where 195 operations were performed. Before we were hit by the second wave, we were in Vhembe District where more than 200 operations were done. We have just completed Waterberg District where we managed to conduct 382 operations.

We want to pay tribute to many of our specialists both from the province and outside the province who heeded our call and sacrificed their family time to come and serve the people of Limpopo at NO cost to us, except accommodation under the **MEC Special Project-Rural Health Matters**. We must take this opportunity and thank Professor Steven Matshidze-Head of Clinical Orthopaedics Department at the University of Free State, Professor SS Golele-Head of Clinical Orthopaedics Department at Sefako Makgatho University; Professor Thifhelimbilu Luvhengo Head of Surgical Clinical Department at Charlotte Maxeke Hospital/ Wits University, just to mention a few.

This special project has seen a lot of people in our province receiving help that majority of them had lost hope. Medical specialists are no longer sitting in Pietersburg and Mankweng Hospital waiting for already complicated cases where intervention becomes difficult, if not impossible. Medical officers, nurses and all other health professionals in our rural hospitals are no longer working on their own at times even being frustrated because when they refer patients to tertiary hospitals they will be told there are no beds. Which indeed, there are NO enough surgical beds or enough theatres to operate at a given time because we are still waiting for the long promised Academic Hospital. Who ever thought in our lifetime that a patient will have their keloids removed in a hospital like George Masebe or Donald Frazer, if not Malamulele.

BUDGET BREAKDOWN: VOTE 07: HEALTH

The 2021/22 overall budget for Health vote has decreased by 0.8% from the 2020/21 Main Appropriation and by 3% from the Adjusted Appropriation. Equitable share decreases by **3.8% from** the 2020/21 adjusted allocation. At the same time conditional grants grow by 2% from the 2020/21 adjusted allocation. It is critical to note that the equitable share allocation includes an amount of **R1.9 billion** earmarked for the fight against COVID-19 pandemic. In monetary terms, the total budget indicates a decline from **R22.6 billion** in 2020/21 to **R22.0 billion** in 2021/22 from adjusted allocation. The total allocation declines by an average of **0.4%** over the Medium Term Expenditure Framework. This demonstrates that the department is currently experiencing financial strain and will do so for the foreseeable future.

Honourable speaker, the budget has been allocated to fund the following key priorities of the Department:

- COVID-19 budget is further augmented by **R168 million** conditional grant for COVID-19 vaccination.
- District Health Services has been allocated **R11 billion**. This represent 50% of the total budget of the department.
- **R4.4 billion** has been allocated for tertiary, regional, and specialized hospitals.
- Malaria Control is funded with **R94.2 million** in equitable share and an additional **R62.7 million** conditional grant in order to prevent and control malaria in the affected areas of this Province.

- **R42.2 million** has been provided for TB Program.
- Comprehensive HIV and AIDS programme has been allocated **R2.2 billion**.
- **R885.2 million** has been set aside for the running of Emergency Medical Services in the Province including purchase of ambulances.
- An amount of **R1.4 billion** has been allocated to Health Infrastructure Programme including COVID-19.
- **R198.7 million** has been allocated for the training of health professionals. This amount covers medical students in the Republic of Cuba, Limpopo Medical School and other Medical Schools in the country.
- **R1.5 billion** has been allocated for medicine. This includes amount of **R 804.5 million** for the provision of antiretroviral drugs to HIV positive patients and new intake, and **R200.8 million** for vaccines to reduce infant and child mortality.

REVENUE COLLECTION

Honourable speaker

Revenue collection has become the only alternative source to augment the budget deficit in the Province. Through the implementation of the Revenue Enhancement Strategy and continuous support from the Provincial Treasury, we are pleased to report to this august house that the Department managed to achieve and surpass its targeted amount by **R56 million** over the last two financial years (**2018/19 and 2019/20**). The Department is committed to vigorously identify more opportunities and sources.

The COVID-19 pandemic however has disrupted the momentum in the collection, resulting in the revision of 2020/21 targets and strategies.

Honourable speaker, despite the pandemic that is still with us, the Department is still optimistic that, with the revised strategy, it will collect R222 million in the 2021/22 financial year. We will put more efforts to achieve this target as we are aware that this will contribute to the funding of the health services in the province. Services are still free at primary healthcare facilities such as clinics, mobile clinics, gateway clinics and health-centres. Communities are therefore encouraged to visit these facilities for their wellbeing. Members of the communities that fall within the paying categories are urged to pay for the health services they receive in our health facilities as this will be for their own benefits.

Honourable speaker

The funding for the health services is still a challenge. The allocated funds do not fully address the healthcare needs of the people of this Province, more so that we are experiencing COVID-19 pandemic which places a significant strain on the already limited resources. Our improvement on the management of accruals achieved on the 2019/20 financial year is under threat as a result of this declining budget allocation. We are however pleased by the support we get from the Provincial Treasury and my colleagues in the Executive Council under the stewardship of our honourable Premier, in gradually stabilizing the budget of Health in this Province. This Department will also continue to practice prudent financial management to ensure that there is value for money in the utilisation of this budget.

The Department will work with Provincial Treasury to ensure that our suppliers of services are paid within the stipulated 30 days to ensure that Small Medium Micro Enterprises are able to sustain their businesses.

Madam Speaker;

Evidence speaks for itself – the Department of Health is on a positive trajectory to meet constitutional and legislative imperatives. We have upped the gear in our unrelenting effort to bring about a dream of a healthy and long life for all.

Working with relevant stakeholders and through the support of our Premier, Ntate Mathabatha we are beginning to register visible progress. Our healthcare delivery machinery is well oiled – our financial management capabilities have improved significantly. I can also add that the image of the Limpopo Department of Health is also improving at an admirable pace.

In this regard, I wish to take this opportunity to thank our HOD, Dr Thokozani Mhlongo and her Generals for giving us their full energy as we march to a destination of a better life for all.

I am confident that we have laid a solid foundation for even more progress in the year ahead and beyond.

Honourable speaker, I am therefore honoured and indeed privileged to table to this august house the budget for Health-Vote 7, for the year 2021/22 to the value of **R22 billion**, which consists of **R17.7 billion**

equitable share, **R4 billion** conditional grants and **R222.9 million** own revenues.

SUMMARY OF THE 2021/22 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07

Summary per Funding Source	Adjusted appropriation	Medium-term estimates		
R thousand	2020/21	2021/22	2022/23	2023/24
Equitable share	18 460 326	17 744 478	17 035 840	18 193 659
Conditional grants	3 925 094	4 005 543	3 767 093	3 690 591
Departmental receipts	212 297	222 913	234 154	244 456
Total	22 597 717	21 972 934	21 037 087	22 128 706

R thousand	2020/21	2021/22	2022/23	2023/24
1. Administration	319 706	291 498	297 660	275 448
2. District Health Services	14 123 809	13 725 321	13 926 466	14 769 562
3. Emergency Medical Services	893 213	885 181	898 532	933 533
4. Provincial Hospital Services	2 817 629	2 598 593	2 651 262	2 603 378
5. Central Hospital Services	2 052 450	1 753 009	1 675 109	1 922 830
6. Health Sciences And Training	616 721	650 980	655 151	662 115
7. Health Care Support Services	745 160	707 598	151 624	138 315
8. Health Facilities Management	1 029 029	1 360 754	781 283	823 525
Total	22 597 717	21 972 934	21 037 087	22 128 706

Summary Per Economic Classification	Adjusted appropriation	Medium-term estimates		
R thousand	2020/21	2021/22	2022/23	2023/24
Compensation of employees	15 658 647	15 289 877	14 862 090	14 847 003
Goods and services	5 858 769	5 455 305	5 351 095	6 478 667
Provinces and municipalities	1 852	1 331	1 153	1 203
Departmental agencies and accounts	42 420	17 639	18 486	19 299
Households	196 635	235 471	237 872	250 432
Buildings and other fixed structures	372 488	615 365	377 500	316 858
Machinery and equipment	466 906	357 946	188 891	215 244
Total	22 597 717	21 972 934	21 037 087	22 128 706

