

EASTERN CAPE DEPARTMENT OF HEALTH BUDGET & POLICY
SPEECH FOR THE 2022/2023 FINANCIAL YEAR TO THE
EASTERN CAPE PROVINCIAL LEGISLATURE
AT BHISHO ON 15 MARCH 2022

BY HON. N. METH

Hon. Speaker and Deputy Speaker

Hon. Premier Mabuyane

Hon. Members of the Executive Council

Hon. Members of the Eastern Cape Legislature

The Chairperson of the Portfolio Committee on Health

Our Kings and traditional leaders at large

Director-General & Heads of Departments and Entities

Organised Labour

Distinguished guests

Molweni Mawethu

Honourable Speaker I am humbled by the opportunity to submit the 2022/23 financial year Annual Performance Plan (APP) the Eastern Cape Department of Health. We have selected a theme for this period, that says: “This is the year to renew, reset and rebuild together.”

We come before this legislative house of our people, at a time when there is a catalytic collision of global forces - **a pandemic** of historic significance; accelerating progress in **medical science** and a relentless advance of **digital technologies, data access, and**

analytics; a recognition for a meaningful shift from disease care to **prevention and wellness**; and **empowered and informed consumers** demanding timeous, quality health care.

This collision of forces therefore requires the clinical, financial, and operational transformation of the health care sector within a highly constrained fiscus. I am pleased to affirm that in the Annual Performance Plan 2022/23, the Department is in step with this global narrative.

Our Emeritus Archbishop Desmond Tutu wisely reminded us that:

“Hope is being able to see that there is light despite all the darkness.”

The Health Policy Speech 2022/23 reflects on our journey through this recent dark period, but also refocuses us on the goal of healthy communities, families and individuals served by a digitally enabled, data driven, quality health care service that promotes health, prevents disease, and provides quality curative, rehabilitative and palliative care. The APP sets targets for focus areas outlined in the national imperative of the National Health Insurance (NHI) so that we can attain Universal Access to Health. The APP is also aligned to the Health Turnaround strategy, which seeks to address the key challenges facing the Department, at this time, and move us closer to a better life for all.

COVID-19 PANDEMIC

The 21st of March 2022 will mark exactly two years since the first COVID-19 case was reported in the Xhora administration area in Amathole. We have emerged from four resurgences with **three hundred and forty-four thousand, and ninety nine** (344 099) people having been infected with the SARS-COV2 virus (as at 11 March 2022).

We have tragically lost many loved ones, including our own healthcare workers. His Excellency President Cyril Ramaphosa and our government took the unprecedented action of declaring a national disaster and enforced necessary control measures. Guided by the Provincial Coronavirus Command Council (PCCC), led by our Honourable Premier Oscar Mabuyane, the Department capably coordinated the response to the COVID-19 pandemic.

This novel virus, even as it highlighted structural inequalities, also forced us to adapt and strengthen both public and private health systems. A departmental Incident Management Team (IMT) was established to coordinate and monitor implementation of the Coronavirus interventions. One of the immediate actions was to improve our capability to respond to the pandemic:

- The Department spent **R590- million** on 85 infrastructure rehabilitation projects. To date, 75 projects have been completed creating **two thousand, one hundred and eleven** (2 111) isolation beds. When hospitalisation decreased significantly during the second and third waves, the Department started re-purposing these beds for normal operational use at various facilities.
- Bulk oxygen tanks and oxygen reticulation was expanded at our hospitals to enhance our treatment capability.
- Our frontline care and vaccination teams were bolstered by the contract employment of **eight and a half thousand** (8,500) healthcare workers.
- Team Health ensured there was an adequate supply of Personal Protective Equipment (PPE) for our employees and patients.

Dedicated and hardworking teams worked around the clock to reunite those hospitalised with their loved ones. Such investments in infrastructure, life-saving equipment and human resources yielded positive results with many lives saved.

The average COVID-19 recovery rate for the EC Province stands at 94% and the number of deaths were reduced by fifty seven percent (57%) in the third and fourth waves in 2021/22, compared to the first and second waves that swept through our province in 2020/21.

Honourable Members, the key to protecting our citizens against serious disease and death from COVID-19, is to get vaccinated. Our government is fully focused on recovering and rebuilding the economy, with the vaccination programme at the centre of protecting people's lives and livelihoods.

COVID-19 VACCINATION PROGRAMME

The country adopted a strategy of vaccinating people in phases. We commenced the vaccination rollout on 17 February 2021 with the Sisonke Study – starting with healthcare workers, other frontline workers and senior citizens, then other age groups, with the 12-17 years cohort being the last group.

Following the Eighth Meeting of the Global Multilateral Leaders Task Force on COVID-19 at the beginning of March 2022, a statement was released that highlighted issues of global vaccine inequity and poor vaccine coverage. The statement reads as follows:

“In the past few months, we have seen unprecedented levels of disease transmission across the world due to the Omicron variant. Still, unequal access to COVID-19 vaccines, tests and treatments is rampant, prolonging the pandemic.

Twenty-three (23) countries are yet to fully vaccinate 10% of their populations, seventy-three (73) countries are yet to achieve forty percent (40%) coverage and many more are projected to miss the 70% target by the middle of this year.

The biggest challenges are in low-income countries, which are concentrated in Africa. Only seven percent (7%) of people in low-income countries have been fully vaccinated, compared with seventy-three (73%) in high-income countries."

Honourable Members, the Eastern Cape, Home of Legends, has responded to the clarion call to address the global concern about inequity of vaccine access. Pharmaceutical giant, Aspen, manufactured vaccines at its Gqeberha plant for people of the Eastern Cape, South Africa, and the global community.

In addition, our universities have stepped forward and are using their extraordinary research and development capability to contribute to the global fight against the pandemic.

Walter Sisulu University, in collaboration with the North-West University, commenced the development of a COVID-19 DNA vaccine candidate last year. This trial is still in the non-clinical phase and is expected to end in 3 to 6 months. The project will then proceed to the clinical trial stage. We are incredibly proud of this initiative, and excited about its potential contribution to meeting the needs of the Eastern Cape, Africa and the developing world.

The Nelson Mandela Academic Clinical Research Unit (NeMACRU), together with a team of local experts, is heading a project to improve vaccine access to people living in the eastern side of our Province.

Honourable Members, the Eastern Cape's **vaccine coverage** is currently at **52% of eligible persons 18 years and older**. When the eligible persons 12 years to 17 years is included, the overall vaccination coverage drops slightly to 49% of the targeted 4,9

million people, because of the lower uptake of vaccination in the 12-17 years age group.

The Department has rolled out a vaccination programme, with moderate success, particularly amongst healthcare workers, who have bravely been at the forefront in the fight against this invisible enemy. Eighty Percent (**80%**) of the **fifty-three thousand, seven hundred and seventy-five** (53 775) public healthcare workers have been vaccinated. The total number of healthcare workers who are fully vaccinated is at 78%.

In our endeavour to ensure we don't leave anyone behind, we have travelled the length and breadth of our province, taking vaccines directly where people live, work and play. We have erected pop-up vaccination sites outside taverns, tshisanyamas, shopping malls, sports fields, social grants pay-points, to name a few. In a world first, Transet took the vaccine to people by rail, in a specially adapted Phelophepa train. This was started in Gqeberha in the Eastern Cape Province, and then rolled out across the country.

Our relentless efforts to ensure that we take the vaccine directly to our people, saw us being rewarded with a **Certificate of Excellence** by His Excellency President Ramaphosa, in November 2021, for being the Best Performing Province in the vaccination campaign.

The President also acknowledged the good work done by Amathole District Manager Sindiswa Gede and her team, in the vaccination of our people, when he also awarded her a ***Certificate of Appreciation***.

I want to particularly single out the **60 years and older cohort of Makhanda** for being the first group to be fully vaccinated in the country. **Inene inyathi ibuzwa kwabaphambili.**

Madam Speaker, the **one billion and thirty-nine million rand** (R1,039 billion) allocated for the COVID-19 response management in the province during the 2021/2022 financial year, was money well spent, because we saved thousands of lives and protected livelihoods.

We would not have been able to achieve the above results without our partners and the collaboration with traditional and religious leaders, ward councillors, other government departments, business, and civic organisations, amongst others.

We received assistance from various international and local strategic partners in our fight against COVID-19: the Solidarity Fund, the World Health Organisation, German Funding (GIZ); USAID; Right to Care; Centre for Disease Control, Pepfar-funded NGO's, DG Murray Trust, Volkswagen, Gift of the Givers, to name but a few, as well as the traditional councils, business, religious and civil society groups.

The Eastern Cape is humbly grateful for this continued support.

Challenges

Our vaccination campaign has not been without challenges. The Eastern Cape was the lead province in the initial phases of the vaccination programme, but then the rate of vaccination started levelling off. The contributory factors are twofold.

Firstly, the deep, rural nature of our province requires extraordinary effort to reach far-flung communities, often isolated in geographically inaccessible areas. And secondly, even when there is capacity to vaccinate, our communities are hesitant to take up the offer to be vaccinated. The Department's ramp up strategy therefore focuses on addressing these factors by:

- Using data to deploy our outreach teams, in a targeted manner, to wards and age groups with low coverage
- Integrating the COVID-19 vaccination programme into the comprehensive service packages already on offer at specific facilities
- Engaging communities using marketing principles to create demand for the vaccine

Our research has highlighted that vaccine hesitancy is linked to a lack of credible information but also to myths, often put forward by those concerned about the safety of the vaccine. There are beliefs that COVID-19 vaccines cause impotence, and that vaccinated people will die after two years of getting the jab. However, our evidence has shown that vaccines are safe and effective at preventing serious disease and death. Around ninety-five percent (95%) of persons admitted to our hospitals with severe disease and similarly, those who died, were **not** vaccinated. The benefits of being vaccinated far outweigh the side effects, as we have seen in the Eastern Cape.

In the year ahead, a total of **R973 million** is set aside for the response to COVID-19 and the vaccination roll out. The province has had reasonable success with targeting those most at risk of serious disease – the elderly and those with co-morbidities.

For the province to achieve community immunity, the focus of our interventions is now on vaccinating 12-49 years age groups where the coverage is still low.

The Department of Health, in partnership with the Department of Education, is currently rolling out the school-based vaccination programme targeting the ages 12-17 years and the 18 years and above cohort at Colleges and Universities. For the province to reach 70% coverage, the Department is expected to vaccinate another **five hundred and forty-two thousand, eight hundred and forty-six** (542 846) individuals.

We are calling on institutions of higher learning, schools, and businesses to promote vaccination uptake. Collection action will put us in a good position to interrupt the community transmission of SARS-COV2 and be protected against severe disease and death. We are looking to our Student Youth formations to take the lead in this drive.

We are also prevailing upon those that have been fully vaccinated to get their booster shots. I have taken mine already and urge all Honourable Members to do the same as we have to lead from the front and lead by example.

NATIONAL HEALTH INSURANCE (NHI)

Madam Speaker, we have survived and adapted to COVID-19, which experts predict will shift from pandemic to becoming endemic. We now look forward, as we reset our lives and rebuild. We look forward to a brighter future where everyone will have equal access to quality health and care services, as envisaged by the National Development Plan 2030 and through the implementation of the National Health Insurance (NHI).

The Department will build on the measures in place, to ensure that we will be ready for the full implementation of NHI. NHI, as you would all know, is a health financing system designed to pool funds for healthcare. It is a mechanism to ensure that all South Africans may have access to quality, affordable health services, based on their health needs, irrespective of their socio-economic status.

Central to this, is the re-engineering of primary healthcare. There are four key programmes driving this re-engineering - achieving minimal ideal clinic and hospital standards, an integrated school health programme, ward-based outreach teams to connect with communities, and the Central Chronic Disease Management and Distribution (CCMD) system. Our progress in the past year in these areas follows.

IDEAL CLINIC AND HOSPITAL PROGRAMME

Ideal clinics and ideal hospital Accreditation are a prerequisite for registration as service providers under NHI. Since the start of the ideal clinic programme during 2015/16, eighty-four percent (84%) of the six hundred and forty-eight (648)) primary healthcare facilities have conducted ideal clinic status determinations, using the ideal clinic standards framework. Of those who completed these assessments, **three hundred and eighty-nine** (389) primary healthcare facilities achieved ideal status. The remaining 16% (127) primary healthcare facilities that did not conduct assessments, are those with severe infrastructure challenges.

There have been steady strides made by our primary healthcare teams in improving the quality of care to our communities. I will share some of the highlights with you.

- The Department has increased access to medical doctor services in primary healthcare facilities, with **28 medical doctors** appointed through the NHI grant in OR Tambo. This provides medical coverage for 55 clinics and 10 community health centres.

- **Two Clinical Managers** were appointed in Canzibe and Isilimela hospitals in Ngqeleni and Port St John's, respectively, to improve clinical governance. These appointments ensure the effective management of referrals from PHC facilities within a hub and spoke model.
- To improve basic life support skills in primary healthcare clinics and hospitals, **eight master trainers** have been trained as instructors in Basic Life Support, one in each district. These Master Trainers will enhance the skills of our clinicians in resuscitation and emergency management in PHC facilities.

During the 2022/2023 financial year, we are planning to improve the service package for community health centres by increasing access to rehabilitation services in two primary healthcare facilities - the Lusikisiki Village Clinic and the Flagstaff Community Health Centre (CHC). This service will assist clients after they have been discharged from hospital, to regain their full potential of physical capacity. It will also decrease the average length of stay of patients in our hospitals. Not only will we be managing patients closer to where they live, but we will also be providing appropriate care, at the appropriate level, and introduce efficiencies into the system.

The focus in the year ahead is to build on progress made during the FY2021/22 by:

- Prioritising the refurbishment and maintenance of existing primary healthcare facilities
- Integrating COVID-19 interventions into the comprehensive primary healthcare service package to sustain the COVID-19 interventions
- Strengthening PHC leadership and clinical governance by:
 - Appointing operational managers and dedicated supervisors
 - Implementing a primary healthcare mentorship programme as part of clinical governance

Infrastructure Investment in PHC Clinics and CHCs

Madam Speaker, the Department has committed significant financial investment in Alfred Nzo and OR Tambo. In the last 5 years, **R1.36-billion** was injected for capital infrastructure projects in line with the District Development Model:

- Meje CHC in the Winnie Madikizela Local Municipality is expected to be completed in the 2022/23 financial year at a cost of **R161- million**.
- The Nyaniso CHC, Matatiele Local Municipality, is expected to resume construction work towards the end of the financial year. There was a delay due to various contractual processes that is currently being addressed. The total cost of the facility development is pegged at **R116- million**.
- Through a partnership with our social partner, SAMANCOR Holdings, the Department has recently completed the construction of Mpindweni CHC in Umzimvubu at a cost of **R18- million**. We are expecting to officially launch this facility soon.
- The community of Ingquza Hill celebrated the launch of the **R167- million** state-of-the-art Flagstaff Community Centre.

The Department has budgeted **R82- million** in the year ahead, for the refurbishment of primary health care facilities across the province and a further **R27- million** towards equipping facilities with much-needed machinery and equipment, the tools of trade for our staff.

The construction of clinics for **Cebe and Xhora Mouth** will commence in 2022/23. Currently communities must cross rivers to access health services. Design documents are ready, and construction will cost an average of **R45- million per clinic** over the 2022/23 MTEF – a total of **R90 million for both projects**.

The programme of the eradication of mud structures continues. Through our implementing agent, the Department of Public Works and Infrastructure (DPWI), contractors will be appointed in the 2022/23 financial year for the following projects:

- Balfour Clinic in Amathole District
- Ilinge Clinic and
- Philani clinic in Chris Hani

Investment in Hospital Rehabilitation

The Department utilised the **R1,482 billion budget** allocated in the 2021/22 financial year for maintenance and repairs, upgrades and additions, and new infrastructure assets. A further **R1,568 billion** has been allocated in the FY2022/23 for all capex programmes.

Progress and achievements with hospital construction projects to date, are as follows:

- The Department officially opened a completed section of the St Elizabeth Hospital mega-project in Lusikisiki. The units opened included the Lilitha College upgrades and St Elisabeth Hospital paediatric wards. This was built at a cost of **R247-million**, as part of the upgrading of St Elizabeth's Hospital.
- During the 2022/2023 financial year, the construction of Sipetu Hospital in Ntabankulu, Alfred Nzo District, will be completed at a total cost of **R562- million**. The development and construction of this hospital will not only bring health services to the people of Ntabankulu, but has also boosted the micro-economy of the area, This is in line with the District Development Model, as promulgated by the President.
- In 2022/23, the Department will complete the construction of Khotsong TB Hospital at a cost of **R504- million** in Alfred Nzo District, within the Matatiele sub-district.

- The condition of Greenville Hospital cannot go unmentioned. The Department has allocated a total of **R315- million** over the MTEF and outer years for a total replacement of Greenville Hospital. We expect that our implementing agent, the Department of Public Works and Infrastructure will conclude the designs this financial year.
- Following the termination of the agreement with the contractor at St Barnabas Hospital in 2019, with 85% of the construction completed already, the Department, is currently procuring a completion contractor. The Coega Development Corporation is our implementing agent for this project. The contractor is expected on site in early 2022, with completion expected within 2022/2023.
- The community of Qoboqobo will be pleased that there is a contractor on site to carry out renovations and refurbishment at the SS Gida Hospital. This will be executed in phased approach and, on completion, will provide a conducive environment for both patients and staff at the facility. We have invested **R39.7- million** in this project.

The Department has also embarked on the refurbishment of Water and Wastewater Treatment Plants at various hospitals across the province to comply with Department of Water and Sanitation regulations for the safe disposal of wastewater. A total of **R110- million** has been allocated over the MTEF for the upgrade of Water and Wastewater Treatment Plants at:

- Tafalofefe Hospital (**R40- million**)
- Taylor Bequest (Elundini) Hospital (**R5- million**)
- All Saints Hospital (**R57- million**)
- St Barnabas Hospital (**R8- million**)

Governance and Person-Centred Responsive Healthcare

The Department has also strengthened governance. From the 1 September 2021, I have approved the appointment of five hundred and seventy-three (573) clinic committees, 23 CHC committees and 72 hospital boards. The induction of these new committees has commenced.

We remain resolute in our renewed commitment to deliver person-centred health and care. It is therefore important to us that we are responsive to the needs of our communities. In the year ahead, we will embark on a consumer feedback strategy. This feedback strategy includes the management of complaints, compliments, and suggestions. We will also conduct surveys to help us understand the patient experience of care.

We are guided by the national imperative of fast-tracking quality improvement in the Six Priority Areas of the National Core Standards – patient safety, cleanliness, infection prevention and control, drug availability, waiting times and staff attitudes.

Quality Learning Centres (QLC's) will be established as part of building local capacity to initiate and sustain quality improvement initiatives across the health system, and promote the attainment of regulated norms and standards.

INTEGRATED SCHOOL HEALTH PROGRAMME (ISHP)

Honourable Members, thinking back, when we were 10 years old, we were likely free of responsibilities and focused on being children. That is no longer the case these days, as more and more adolescent girls and teenagers are falling pregnant and giving birth.

According to Statistics SA, the country recorded **thirty-four thousand, five hundred and eighty-seven** (34 587) teenagers who gave birth in the 2020/21 financial year.

Between July and December 2021:

- **three hundred and nineteen** (319) children aged between 10-14 years and
- **nine thousand, three hundred and ninety-six** (9 396) girls aged 15-19 years, gave birth at our EC facilities.

This is of grave concern because children should not be having children. We are calling upon children to abstain from having sex until they are over 21 years old. In cases where they are already sexually active, we advocate the use of condoms. The Department provides condoms free of charge at our facilities. Unprotected sex not only results in unwanted pregnancies but can spread sexually transmitted diseases. The Department also encourages the use of appropriate contraceptives best suited to an individual's profile.

The Department has embarked on a multi-pronged approach to mitigate the increase in teenage pregnancies. The approach aims to improve coordination and implement targeted programmes, with partners, aimed at the youth:

- The Departments of Health, Education and Social Development have signed a Memorandum of Understanding (MoU) to improve the coordination of services provided to our youth. Working with these departments, we successfully launched the *renewed* Integrated School Health Programme (ISHP) at ET Thabane Primary School in Ugie, last year.
- Health, Education and community dialogues were conducted in Joe Gqabi, as part of the preparatory activities towards the launch of the renewed ISHP.

- The Department of Health has contracted **one hundred and twelve** (112) Enrolled Nurses and 82 Professional Nurses to provide the ISHP through a ward-based, outreach approach.
- **Thirteen thousand, five hundred and seventeen** (13 517) learners in the targeted grades (Grades 1, 4, and 8) were screened for any illnesses. Of this number, **one thousand, seven hundred and twenty-five** (1 725) were identified with oral health challenges and **two hundred and seventy-one** (271) were identified to have eye problems. All were referred for further management and we are hopeful that this early intervention will have a positive impact on their well-being, learning and prospects in later life.
- Offering Human Papillomavirus (HPV) vaccine to preteens is crucial in ensuring they are protected against HPV infections that can cause cancer at a later stage in life. We administered **sixty thousand, nine hundred and seventy-four** (60 974) second doses for Grade 5 learners. This was an achievement of **87% HPV coverage against the 80% national target**.
- All primary healthcare facilities are promoting adolescent & youth friendly services (AYFS)
- Clinics with Youth Zones are being established after the programme was launched in December 2021 in Whittlesea, during the commemoration of World AIDS Day. Such clinics have a dedicated room and nurse for sexual reproductive health services aimed at the youth. The intention is to provide an area for youth to obtain social services and do their homework and studies, also.
- The United Nations Population Fund (UNFPA) is currently supporting OR Tambo and Alfred Nzo districts as they have a high delivery rate among children aged 10-14 years. This is done in with collaboration with the Department of Education.

- The Department has partnered with Beyond Zero at Cecilia Makiwane Hospital, where a dedicated safe space to render youth and sexual reproductive health services has been created.

Honourable Members, there is no way a 10-year-old can legally consent to sex so let's protect the innocence of our children from sexual abuse. Section one hundred and ten (110) of the Children's Act, 38 of 2005, makes provision for the reporting of suspected cases of abuse, so let's not bury our heads in the sand. Let's report such cases in our communities to the authorities, when we suspect abuse.

DRUG AVAILABILITY AND CENTRALISED CHRONIC MEDICINE DISPENSING AND DISTRIBUTION (CCMDD)

The World Health Organisation has reported that nearly two billion people, worldwide, have no access to basic medicines, causing a cascade of preventable misery and suffering. Good health is impossible without access to pharmaceutical products. We therefore have a compelling, ethical responsibility to ensure access to medicines.

The Eastern Cape uses the national Stock Visibility System (SVS) throughout the province to track the availability of medicines. The list includes medicines for tuberculosis, antiretroviral medicines, vaccines, and medicines for chronic non-communicable diseases. During COVID-19, facilities continued to use the SVS to report medicine and PPE availability on a weekly basis.

In the 2021/22 financial year, the **overall medicines availability in the province was 86%** - exceeding the annual target of 80%. This was achieved despite the challenges caused by the impact of the pandemic on global supply chain systems.

The data from SVS confirms that the average **availability for PPE was 87%** (also exceeding the annual target of 80%). The Department has thus successfully ensured the effective and efficient procurement, storage and distribution of PPE for infection prevention purposes.

There are **two hundred and eighty-two thousand, three hundred and three** (282 303) patients benefiting from the (CCMDD) programme, as at the 31 December 2021. These are patients from 796 health facilities across all districts.

Stable patients with chronic disorders can also collect their medicines from convenient external pick-up points. There are now **two hundred and ten** (210) CCMDD external pick-up-points – a 15% increase from one hundred and eighty-two (182) points at the end of March 2021. There are also **nine hundred and twenty-one** (921) adherence clubs to encourage adherence to treatment.

Honourable Members, we congratulate the **one hundred and eight** (108) Learner Post-basic Pharmacist Assistants who completed their course and graduated to become Post Basic Pharmacist Assistants in December 2021. In January 2022, the Department appointed 47 Pharmacist interns and 68 Community Service Pharmacists. These cadres all strengthen our capability to provide the right medicines to the right patients, at the right time, the right way.

For 2022/2023 financial year, the Department will continue to sustain the use of the SVS, as it provides real-time information on the availability of medicines in healthcare facilities. Use of the information assists us to prevent stock-outs or shortages of medicines at facilities when there is adequate stock in the district or province.

The CCMDD programme will continue to be expanded:

- Increasing the number of patients benefiting from the CCMDD programme to **three hundred and thirty-seven thousand, and five hundred** (337 500) persons; and
- Continuing to register external pick-up-points to bring medicines closer to where people live and work.

ADDRESSING THE BURDEN OF DISEASE

PRIORITY PROGRAMMES AND THE PRIMARY HEALTH CARE APPROACH (PHCA)

Honourable Members, the Province continues to be confronted with the quadruple Burden of Disease (BOD) - communicable diseases like Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), and COVID-19; maternal, women and child morbidity & mortality; rising non-communicable diseases and high levels of injuries due to violence and trauma.

The Alma Ata declaration principles of accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation, along with the Primary Health Care Approach will continue to be used to address this burden of disease. Our approach focuses increasingly on the promotion of health and the prevention of disease, in addition to the quest to improve the quality of healthcare services. This is a big shift from the hospi-centric approach.

Honourable Members, as in other countries, the pandemic disrupted critical health services and has undermined years of progress in fighting deadly diseases, such as HIV and tuberculosis , which continue to be the leading causes of death in the province.

Other priority programmes were also affected by the lockdown regulations and initial fear of our communities to visit healthcare facilities during the pandemic.

We did use the brief respites in between waves in our Province, to implement catch-up programmes. However, the long-term health effects from the COVID-imposed restrictions on health promotion and disease prevention services is expected, globally and in our province, to be significant.

MATERNAL WOMEN AND CHILD HEALTH

Gains achieved in maternal health outcomes have been impacted, as pregnant women are amongst those identified to be at risk of developing serious sequelae when contracting COVID-19.

The number of women who died during pregnancy increased from 108 per 100,000 before onset of the pandemic, to 147 per 100,000 in 2020/21. We have managed to decrease the maternal mortality rate in the past year to 120 per 100,000, although we are not wholly satisfied with this. We have improved our **post-natal care coverage for women after delivery from 71% to 78%** this past year, compared to the preceding year.

We are renewing our efforts to:

- Prevent unwanted pregnancies through appropriate family planning and the targeting of youth, as described earlier
- Encouraging women to book early and have regular ante-natal care; and
- Strengthen our capability to provide safe caesarean sections at identified sites.

The socio-economic impact of the COVID-19 pandemic affected child health programmes and outcomes. Immunisation coverage decreased significantly from 69,3% to 52,5%.

More children died of malnutrition in 2021/22 compared to 2020/21, with the case fatality rate due to severe malnutrition in children under 5 years increasing from 8,5% to 11,6%.

We are pleased, however, that there was some improvement in child mortality with fewer children dying from diarrhoea – the case fatality rate due to diarrhoea in children under 5 years decreased from 4% to 2,9%. And the number of children under 5 years dying from acute pneumonia decreased slightly from 3,3% to 3%.

COMMUNICABLE DISEASES – HIV/AIDS AND TB

The Department continues to implement interventions to achieve 90:90:90 targets for HIV and AIDS programmes. In the 2021/22 financial year, we achieved a score of **93:72:89** that is, 93% persons were tested and know their status; 72% were put onto ARV treatment with 89% having suppressed viral loads.

There are **five hundred and fifty-nine thousand and sixty-three** (559 063) clients who are currently on Ante-Retroviral Treatment (ART).

The **number of children who remained on ART** care improved significantly from **25% to 75%** whilst the **number of adults who remained on ART** also improved from **38% to 62,5%**.

The Department reached **92:91:79** towards the TB targets – 92% were tested and 91% initiated on TB treatment, with a 79% TB treatment success rate.

All districts in the province are implementing the Welcome Back campaign to track and trace all the HIV & TB patients lost to follow up. We are using the ward-based primary healthcare approach to assist in this intervention.

Up to December 2021 this financial year, despite wrestling two COVID-19 resurgences, the Department managed to significantly exceed track and trace targets:

- **Thirty-seven thousand, nine hundred and twenty-two** (37 922) HIV defaulters were traced - almost **double the target** of nineteen thousand **three hundred and thirty-five** (19 335) and
- **Eight thousand and sixty-three** (8 063) TB defaulters were traced - **tenfold** the target of eight hundred and fifty-seven (857).

We congratulate and appreciate all those involved in this impressive exercise!

Honourable Members, Active Case-finding strategies are important in interrupting the transmission of TB disease in the community, because one person infected with TB has the potential of transmitting TB to 5 or 10 other individuals.

In collaboration with TB South Africa (under the University Research Council), the strategy called Finding Actively, Separating Temporarily and Treating Effectively (FASTTE), continued to be implemented. There were 12 hospitals in OR Tambo, 12 in Sarah Baartman and 5 hospitals in the Nelson Mandela Metro participating in the programme. The main aim of the strategy in these hospitals is to screen all patients that attend the hospital for other medical conditions. This led to TB identification and initiation of TB treatment in one **hundred and thirty-three** (133) patients who went to these hospitals for other services.

We are working with key stakeholders, like traditional leaders and councillors, to encourage people to present themselves to the nearest clinic when they experience signs and symptoms of TB and encourage those that are on treatment, to adhere to treatment.

The Eastern Cape AIDS Council, in collaboration with the Department of Health, development partners and civil society, has embarked on a U=U campaign. This stands for “Undetectable = Untransmittable”. It is a campaign that focuses on promoting adherence to treatment and viral suppression amongst people living with HIV.

The Eastern Cape was the first province in the country to launch the U=U campaign. This was led by the Honourable Premier Oscar Mabuyane in October 2021 to destigmatise HIV and encourage people who do not know their status, to test for HIV.

The message U=U is a clear, simple, and effective way to make people understand that a person living with HIV, who is on antiretroviral therapy and whose virus is suppressed, cannot transmit HIV to a sexual partners nor to their children with the Prevention of Mother to Child Transmission programme (PMTCT). Mandisa Dukashe, the U=U Africa Forum co-founder is just one of many people whose viral load has been suppressed and has a healthy sex life and a beautiful family.

I am reminded of the powerful words of a brave young man called Nkosi Johnson who once said: “You can't get AIDS if you touch, hug, kiss, hold hands with someone who is infected. Don't be afraid of us – we are all the same!”

Through government's interventions, HIV/ AIDS is no longer seen as a death sentence, and we have successfully destigmatised the illness. HIV/ AIDS is just like any other chronic disease. With treatment, it is manageable, and people are living longer and happier lives. The key is getting tested for HIV so that should one test positive, you can begin taking medication. The Department will roll out the U=U strategy to all the districts as it will assist in increasing the lifespan of individuals.

For the 2022/2023 financial year, **R1-billion** has been allocated within the HIV/AIDS conditional grant to ensure that 90% of clients who are currently on treatment are retained in care, tracking and tracing those that have defaulted treatment, as well as initiate **sixty-eight thousand** (68 000) new patients on ART.

NON-COMMUNICABLE DISEASES (NCD)

Honourable members, the WHO released a report in April 2021 declaring that “non-communicable diseases kill 41- million people each year, equivalent to 71% of all deaths globally. Each year, more than 15- million people die from non-communicable diseases between the ages of 30 and 69 years; 85% of these 'premature' deaths occur in low- and middle-income countries.” There are three components to NCD – oncology, mental health, and diseases of lifestyle.

Oncology Services

Author John Diamond eloquently described cancer when he coined the phrase: “Cancer is a word, not a sentence.” Key to treating cancer is early detection through screening. The Department remains resolute in its firm commitment to enhance the provision of oncology services throughout the province, especially in under-served areas.

We are happy to report that there has been progress regarding the development of oncology and radiotherapy services at the Nelson Mandela Central Academic Hospital in Mthatha. The award for the construction of the oncology radiation bunker, has been approved and the handover to the successful bidder took place in March 2022. This contract includes the procurement of state-of-the-art linear accelerator machines and other related equipment,

The provision of chemotherapy services is operational and fully functional at the Sir Henry Elliot located Centre of Excellence. Plans are underway to strengthen and further extend the outreach chemotherapy service to identified sites in the surrounding OR Tambo and Alfred Nzo districts.

These interventions will drastically reduce the number of patients that have to travel from Mthatha to be assessed and treated for cancer at Frere Hospital in East London.

Mental Health Services

Recent health, climate, and political crises have both highlighted and exacerbated the world's mental health challenges. In particular, the COVID-19 pandemic has shone a light on fissures and failings within the global mental health system. Public health agencies have warned that a wave of depression and anxiety, post-traumatic stress disorder, and other mental ill-health issues are on the horizon due to multiple crises in the last two years.

In addition to COVID-19's impact, multiple studies have found a strong link between heavy social media use and an increased risk for depression, anxiety, loneliness, self-harm, and even suicidal thoughts. The human cost is immense. Deloitte advances the notion that 2022's *co-occurring* pandemic is the pandemic of mental health. The continuation of COVID-19-induced lockdowns, deaths of loved ones, and financial stressors has shone a light on the ubiquitous lack of access to timely, high-quality, and affordable mental health services worldwide.

During this 6th administration term of government, mental health and mental health services is receiving our attention. Our 5-year Mid-Term Strategy Framework clearly articulates the state of mental health services and plans.

The Department has three review boards located in Gqeberha; Komani and Mthatha. These review boards, each have four members, comprised of a chairperson, a healthcare professional, a legal expert, and a community member. These oversight expert structures oversee the eastern, central, and western parts of our vast province.

Mental Health Infrastructure Investment

The infrastructure of psychiatric facilities has degenerated over time, and this is coupled with a bed shortage of 1,600 in the province. In the main, the beds are concentrated in the western area of the province. In addition, due to re-demarcation, 320 beds of Mzimkhulu Hospital moved to KwaZulu-Natal.

When we talk about mental health, some people immediately think of the Health Ombudsman's report on Tower Psychiatric Hospital. We have taken the recommendations of the Ombudsman seriously, and within available resources, we have appointed a contractor for the renovation of Tower Hospital and addressed the issue of social workers needing communication tools.

The Department is currently constructing a perimeter fence at Komani Hospital to ensure safety for patients and staff at a cost of **R8.9- million**. We will also renovate and repair Tower Hospital in the 2022/23 financial year. Upgrades will include erecting an appropriate perimeter fence at this site.

A lot of work has been done to address the Ombudsman's recommendations, but more still needs to be done. We will continue to pursue implementation of the rest of the Ombudsman's recommendations, within the available funding envelopes. **Five hundred and fifty-eight million, two hundred and eighty-two thousand rand**

(R558,282 million) has been allocated for services provided by psychiatric hospitals in 2022/23.

In Buffalo City Metro, the Department is finalising plans for a 100-bedded psychiatric unit at the Cecilia Makiwane Hospital (CMH) to expand the current psychiatric service provided at CMH. In the interim, a process has been undertaken to appoint a contractor for the upgrading of ward 14 in the old hospital, to accommodate additional patients under 72-hour observation. The Department has allocated over **R39 million** in the 2022/23 financial year for the upgrading of 72-hour mental observation units at identified facilities across the province.

Substance Abuse Management

Mental illness associated with substance abuse is a public health concern. Madam Speaker, we cannot run away from the fact that, as a country, we have a substance abuse problem, especially amongst young people. Alcohol and drug abuse, at times, can lead to mental illnesses. The burden of disease has shown a radical increase of substance abuse in the province and the country, thus increasing the need for social services and rehabilitation to augment the 91 beds available for substance abuse treatment in the public and private sectors in the EC.

Every effort is being made to raise awareness and discourage our youth from drug and alcohol abuse. Partnerships will be explored to render relevant services to prevent and treat substance abuse effectively. To this end, we have **partnered with the Eastern Cape Liquor Board** to visit universities and TVET colleges, in support of the **Institution of Higher Learning Awareness Campaign**. Through this joint venture, students are educated about the dangers of drug and alcohol abuse. We are hopeful

that this initiative will yield positive results, encouraging students to focus on learning rather than putting their future at risk through the abuse of drugs and alcohol.

Community-based Mental Health Service Strengthening

We have created and advertised positions for psychiatrists, social workers, lay councillors and psychologists. These cadres will focus on building community mental health at the district level. It is difficult, though, to recruit such skills in a predominantly remote and rural province like ours, but we remain resolute that we will find health professionals who are willing to go and serve the poorest of the poor in rural areas.

Our purpose in strengthening community mental health is to ensure:

- Equitable access across the province to 72-hour mental health assessment units
- Safety of HCWs and patients while undergoing 72-hour assessment with adequate infrastructure, medication for psychiatric conditions, and treatment by confident, knowledgeable, and skilled healthcare workers
- Clear referral pathways for district hospitals to specialist care to improve access to specialists and appropriate levels of care

We are also engaging with stakeholders to promote **community residential care and day care services** throughout the province. **Community-based rehabilitation centres** will be established in districts in the strategic period ahead. Detection and management of child and adolescent mental disorders will be undertaken at primary healthcare level. We will also work to establish additional halfway houses around the province to prepare patients for integration back into their communities.

Honourable Members, 42 of our facilities have been earmarked to offer psychological services. These will be evenly spread across our 8 districts.

An area that will be explored as we roll out the eHealth strategy, is the development of digital mental health services to increase access to mental health care and support. The HMS2 system has been initiated at the Elizabeth Donkin Hospital in the Nelson Mandela Bay this financial year. This psychiatric facility is proving to be an exciting incubation hub for the design and delivery of a customised HMS2 mental health service delivery module.

Diseases of Lifestyle and Chronic Disease

Lifestyle diseases share risk factors like what is seen when one has prolonged exposure to three modifiable lifestyle behaviours - smoking, unhealthy diet, and physical inactivity. Such prolonged exposure commonly results in the development of chronic diseases, specifically heart disease, stroke, diabetes, obesity, metabolic syndrome, chronic obstructive lung disease, and some types of cancer. Chronic disease can result in loss of independence, years of disability, or death, and imposes a considerable economic burden on health services. Today, chronic diseases are a major public health problem worldwide.

The EC is committed to preventing and controlling chronic diseases. The combination of four healthy lifestyle factors - maintaining a healthy weight, exercising regularly, following a healthy diet, and not smoking -- seem to be associated with as much as an 80 per cent reduction in the risk of developing the most common and deadly chronic diseases. The Department will work with other Departments, business, and civil society to raise awareness and screen for chronic diseases. Early detection and then preventing, or at the very least limiting the progression of chronic disease through regular, appropriate treatment, is central to our strategy to address NCD.

Multi-sectoral collaboration and a social compact with our communities is vital if we are to make a dent on the increasing burden of NCD. In this, the Departments of Sports, Recreation, Arts and Culture (DSRAC) and the rest of the Social Transformation Cluster of departments are required to be active partners. Every employer, too, must locate the prevention and management of NCD within their Occupational Health and Safety objectives.

Reversing Avoidable Causes of Blindness and Cataract Surgery

Despite concerted action during the past 30 years, significant challenges remain globally, with at least 2.2 billion people having a vision impairment or blindness. Of these, at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed. The burden of vision impairment tends to be greater in low- and middle-income countries, and under-served populations, such as women, migrants, indigenous people, persons with certain kinds of disability, and in rural communities.

One of the complications of diseases of lifestyle are cataracts – although there are other factors that can give rise to cataracts. Cataracts is a cause of blindness that can be addressed through surgery. The London School of Hygiene & Tropical Medicine undertook The Cataract Impact Study amongst people aged 50 years and above, in three low-income countries: Kenya, Bangladesh and the Philippines.

At baseline, people with bilateral vision impairment from cataracts were poorer, undertook fewer different daily activities and had substantially poorer health-related quality of life compared to people with normal vision. This study found that after cataract surgery there was a reduction in household poverty, increased engagement in productive activities and improvements in quality of life.

The simple low-cost intervention of cataract surgery is one of the focus interventions in the Department because of this positive impact on the quality of life of our people.

We have successfully completed **one thousand one hundred and forty-five** (1,145) cataract operations in the 2021/2022 financial year, despite the limitations of the pandemic:

- In partnership with the **South African National Council for the Blind** we conducted a total of **nine hundred and forty-five** (945) cataract surgeries in the province this financial year - **three hundred and twenty-three** (323) at PE Provincial, **two hundred and eighty-seven** (287) at Nelson Mandela Academic Hospital, **one hundred and twenty-two** (122) at Frontier, **seventy-six** (76) operations in Butterworth, **seventy-two** (72) at CMH, and **sixty-five** (65) operations at St Patricks Hospital.
- We are grateful to the Deputy Speaker in the EC Legislature, and our partner, the **Muslim World League**, who conducted additional cataract operations on 200 people in Joe Gqabi.

Our partners provided ophthalmologists while the Department availed beds, theatre time, autoclave facilities and our nursing staff for the interventions. Our nurses conducted screening and assisted in the cataract surgical operations.

The Department will continue to ramp up our efforts during the 2022/2023 financial year, aiming to perform **five hundred** (500) cataract surgeries to prevent blindness among older persons. The Department has also forged a strategic partnership with the **Life Health Care Group**, together with the **South African National Council for the Blind**. Together we will aim to restore the vision of **two hundred** (200) more people, as we continue **Building Better Communities Together** – public and private sectors, with civil society.

REHABILITATION SERVICES

In South Africa, there are approximately 3 million people living with physical disabilities. The Community Survey 2016, *“Profiling socio economic status and living arrangement of persons with disabilities in South Africa”* highlights the stark inequalities within the disabled population. Eastern Cape, Limpopo and KwaZulu-Natal provinces had the largest share of persons with disabilities concentrated in low socioeconomic status households (40%, 30,1% and 29,7% respectively). Almost two thirds of persons with disabilities in Limpopo and Eastern Cape were concentrated in the 40% poor households (63,8% and 62,9% respectively).

The Department has a moral imperative to ensure persons living with disabilities receive appropriate rehabilitation services.

The Transversal Health Services programme has issued **five hundred and sixty-three** (563) wheelchairs to adults 19 years and older, scoring 27.56% during this reporting period, exceeding the planned target of 15%. The programme has also achieved **85.6% for wheelchairs issued to children 0-18 years old**, in the mid-term, significantly exceeding the planned target of 30%. The targets that are set are limited by the available funding envelope. For this reason, partnerships have really assisted us in trying to meet the demand for assistive devices.

The Department continues to receive financial and technical support from the Latter-Day Saints (LDS) charities. At the beginning of the financial year, a Memorandum of Understanding was signed between the Department of Health and LDS to the value of **R4.1- million’s** worth of assistive devices. A total of **two hundred and sixteen** (216) wheelchairs were donated and issued to eligible clients during the current financial year.

The partnership also strengthens our capability by providing a 2-day refresher training course on basic wheelchair seating. In the 2021/22 financial year we **trained 32 therapists** from the eastern and central districts. These training sessions are important in developing the skills of our therapists in appropriate prescribing and issuing of wheelchairs.

This partnership and joint projects have been so successful that the LDS charities approved an additional allocation of wheelchairs *and* expanded the scope of the partnership to include a new project that supplies laryngectomy voice prostheses for patients. We received laryngectomy voice prostheses for 10 patients that were identified in Livingstone and Frere hospitals. The surgical procedures were successfully conducted by Frere Hospital's ear, nose and throat (ENT) specialists. Thus far, two Livingstone Hospital patients and one Frere Hospital patient has been operated on. All received speech rehabilitation from speech therapists, post-surgery. The value of the 10 valves amounted to **two hundred and seventy thousand rand** (R270 000).

To date, 3 cochlear implants have been inserted on hearing impaired patients. All these patients attended rehabilitation schools.

During the 2022/2023 financial year, the Department has allocated **four hundred-thousand rand** (R400 000) to procure **two hundred** (200) commode chairs. A total of **R4.2- million** has been allocated for **one thousand** (1,000) wheelchairs and walking aids. We will also spend **five thousand rand** (R5 000) on health promotional material.

Rehabilitation Centres of Excellence

An amount of R115- million has been allocated over the MTEF for the establishment of three centres of excellence for patients with cerebral palsy. This will enhance the current rehabilitation services already provided at these three facilities. Cecilia Makiwane Hospital in Mdantsane, Dora Nginza in Gqeberha and Sir Henry Elliot in Mthatha are the three sites where the Centres of Excellence programme will commence. Construction work is already underway at Sir Henry Elliot, whilst planning is at an advanced stage for the infrastructural upgrades at Dora Nginza and Cecilia Makiwane Hospitals.

Rehabilitation services is an important part of the integrated medico-legal strategy and forms the cornerstone of our public health defence. In this defence, the department is making a case that the public sector can provide good quality rehabilitation services for children with cerebral palsy and where we are unable to do so, we undertake to either procure or reimburse the custodian of children with cerebral palsy for such agreed services or rehabilitative items.

Construction work is already underway at Sir Henry Elliot whilst planning is at an advanced stage for Dora Nginza and Cecilia Makiwane Hospitals,

An amount of **R60- million** has been allocated specifically for the procurement of equipment and assistive devices for the management of CP. In collaboration with the Department of Transport, the Department plans to procure **three custom-made vehicles** adapted to accommodate the CP patients and their care givers when attending our CP clinics.

CLIMATE CHANGE AND INFRASTRUCTURE

Honourable members, the public health community has dubbed climate change the 21st century's greatest threat to public health. No country or continent can claim to be immune from the health impacts of worsening global climate change. Health costs related to climate change and pollution are estimated at USD \$820 billion a year, according to a recent report cited by Deloitte. Leading organizations around the world—including the American Medical Association, the British Medical Association, and the Australian Medical Association—officially recognize climate change as a health emergency.

As recent as December 2021, wind, rain, and lightning storms lashed our province wreaking havoc and damaging health facilities. Utilities such as electrical and water supplies to our institutions were disrupted. The storm affected service delivery in a few sites in certain local communities - Joe Gqabi, Amathole, OR Tambo and Alfred Nzo were worst hit. The repairs to affected clinics and hospitals will cost around **R22 million**. DPWI is overseeing the appointment of contractors to undertake the repairs at the sites affected by the storm damage. Going forward, adaptations to climate change must be incorporated into our infrastructure and service delivery planning.

The pandemic significantly disturbed our infrastructure planning programme. However, we managed to make some strides towards finalising the planning processes on several projects the Department committed to in the last Policy Speech. There are contractors already on site for some projects. These have been indicated in the section on NHI, with respect to clinics, CHCs and Hospital investments. This section will highlight the progress with projects that expands the available accommodation for healthcare workers in rural parts of our province.

Accommodation to Attract Scarce Human Resources for Health in Rural Areas

Honourable members will recall that the Department embarked on a massive health professionals accommodation programme as a means of attracting scarce skills to rural areas.

The infrastructure programme has recorded all projects where, within the existing capital projects, there is an associated or dedicated residential component. A **total of 34 projects** with elements of Health Professional housing, are in various stages of planning, procurement, construction, and close-out, currently forming part of the department's Infrastructure Plans for the strategic period under review and over the MTEF.

A total of **203 Bed Spaces** were created for Health Professionals on **9 completed projects** and **2 partially completed projects** out of the 34 projects over the 2020/2021 FY up to mid-year 2021. These Beds were created at the following facilities:

- Mpindweni Clinic – Alfred Nzo (3 bed spaces)
- Grey Hospital – BCM (28 bed spaces)
- Marjorie Parish TB Hospital - Sarah Baarthman District (6 bed spaces)
- Mjanyana Hospital (Partial completion) – Chris Hani (total of 34 bed spaces)
- Butterworth Hospital – Amathole District (20 bed spaces)
- Tafalofefe Hospital – Amathole District (30 bed spaces)
- Victoria Hospital – Amathole District (20 bed spaces)
- Dr Malizo Mpehle & Zithulele Hospital (20 bed spaces) – OR Tambo District
- Bumbane Clinic – OR Tambo District (4 bed spaces)
- Nessie Knight Hospital (Partial completion)- OR Tambo (18 bed spaces)
- Dr Malizo Mphehle Relocatable ABT Structure (20 bed spaces) – OR Tambo

The Mjanyana Hospital is now completed with a further 42 bed spaces available, and contractors are on site at Siphetu Hospital where 45 bed spaces will be delivered, through the refurbishment of existing housing stock, and the construction of new units.

The Department through its Implementing Agent, Department of Public Works, is assisted with the procurement of Service Providers to complete works that were previously left incomplete by defaulting building contractors.

A further **439 bed spaces** will be delivered when these previously incomplete projects (total = 9) are completed over the MTEF at the following facilities. The investment value for these 9 projects is **R237 million**:

- Greenville Hospital – ANZ District (12 bed spaces)
- Lorraine North Dene flats at Frere Hospital – BCM District (26 bed spaces)
- All Saints Hospital Phase 1 – Chris Hani District (6 bed spaces)
- All Saints Hospital Phase 2 - Chris Hani District (17 bed spaces)
- Ndofela Clinic – Joe Gqabi – (2 bed spaces)
- Empilisweni Hospital Phase 1 – Joe Gqabi District (50 bed spaces)
- Isilimela Hospital Phase 1 – OR Tambo District (12 bed spaces)
- Mthatha General Hospital – OR Tambo District (223 bed spaces)
- Nessie Knight Hospital Upgrade Phase 3 – OR Tambo District (55 bed spaces).

The Department has completed phase 1 of the Nessie Knight Hospital infrastructure project where we invested **R100- million** on the accommodation project. We have been implementing the project in phases because of budgetary constraints. The Department has allocated **R40- million** to complete work that was not completed by the terminated contractor, as part of the immediate intervention. A further **R110- million** has been made available for a complete overhaul of the hospital with the rest becoming available in the outer years.

There are a further **14 projects at various stages of planning**. These projects can, on implementation, realise an **additional 516 bed spaces**, with an estimated investment value of **R707 million rand**.

These projects have found expression in the **User-Asset Management Plan** which is a guiding document to inform the bidding process. These projects can only be implemented once budget for these projects has been allocated.

Twenty-five billion rand is required to address the identified priority infrastructure needs in the next ten years. With current allocation patterns, a shortfall of around R5 billion is anticipated. Because of the financial position that the Department finds itself in, we are exploring modern technologies such as the use of Alternative Building technology. We believe this could save us on implementation time as well as introduce building technologies that can withstand the harsh weather conditions that we are currently experiencing through climate change.

Our tight financial position compels us to think out-of-the-box in addressing our challenges. There are plans to engage the Department of Justice and Correctional Services to use inmates for minor repairs at our facilities, where this resource is available. This will save us money, contribute to the rehabilitation of offenders, and get minor damages fixed. It's a win-win situation.

To address the anticipated budget shortfall, the Department is exploring various funding models within the parameters of the Treasury Regulations. At this time, the Department has identified one project that will be submitted for funding application to the Budget Facility for infrastructure (BFI), a programme coordinated from the Office of the Presidency.

HEALTH SYSTEMS STRENGTHENING AND THE HEALTH TURNAROUND

Honourable Speaker and Honourable Members of this house, for the 2022/23 financial year, the department has been allocated **Twenty-Seven Billion, Three Hundred and Sixty-two million, Two Hundred and Fifty-One Thousand Rand (R27,362,251,000)**. The table below indicates how much is allocated to the eight programmes, as well as the proportion of the budget allocated to that programme.

As can be seen from this table, the Department's commitment to strengthening PHC is evident with approximately 60% of the budget allocated to primary care, clinics, CHC and District hospitals.

PROGRAMME	ALLOCATION	% OF BUDGET
	R'000	
1. Administration	769,503	3%
2. District Health Services	14,402,516	53%
3. Emergency Medical Services	1,353,075	5%
4. Provincial Hospital Services	3,548,055	13%
5. Central Hospital Services	4,751,404	17%
6. Health Sciences and Training	1,025,626	4%
7. Health Care Support Services	171,098	1%
8. Health Facilities Management	1,340,974	5%
Total Programmes	27,362,251	100%

An amount of R18,2 billion is set aside for compensation of employees to pay the salaries and benefits of our employees while R7,4 billion is set aside for the payment of goods and services in our facilities. The infrastructure programme has been allocated **R1,5 billion** of **which R690 million** is for buildings infrastructure and **R780 million** for the acquisition of machinery and equipment for health facilities.

Financial Situation

The department entered this financial year with accruals and payables of 4.4 billion rand for goods and services. This arose out of the historical, upfront lump sum settlements of medico-legal claims that accumulated year-on-year from 2014/2015. In addition, the department has had budget cuts from a combination of factors:

- A decrease in the provincial equitable share due to outward migration
- Fiscal consolidation implemented by National Treasury to curb a burgeoning public sector wage bill
- The negative impact of COVID-19 on the economy has led to a further revised budget cut of R1,9 billion.

The net effect is we have been constrained in employing staff and in addressing the service backlogs. Spending reviews have shown areas of potential savings, but these are not significant when compared to the scale of the budget reductions. Attempts to mitigate the budget pressures will take time. And are unlikely to eliminate these pressures completely. Strategically, there is a need for a longer-term view to health care financing.

The state of health finances is central to the critical economic recovery and liquidity of the Eastern Cape Province. It has become increasingly difficult to respond to health care needs in the face of the above tight fiscal constraints. For this reason, a Health Turnaround Strategy has been developed and is being implemented.

HEALTH TURNAROUND STRATEGY

The purpose of the Health Turnaround Strategy is to guide the department towards the goal of healthy communities, families and individuals served by a digitally enabled, data driven, quality health and care service. With strategic partnerships and collaboration, this envisaged system will promote health, prevent disease, and provide quality curative, rehabilitative and palliative care.

The turnaround strategy consists of five pillars supported by a foundation. These are initiatives that are aimed at:

- a) Financial sustainability
- b) integrated medico-legal interventions
- c) Service delivery optimization
- d) Leveraging digitalization and eHealth; and
- e) Strategies to ensure healthier communities.

The foundation that supports these five pillars is a performance-driven organizational culture. This foundation has three layers – the first being effective leadership, capable teams and valued employees; the second, institutionalized performance reporting and management systems; and the third, progressive change management, stakeholder engagement and communication

FINANCIAL SUSTAINABILITY

The multi-pronged financial sustainability strategy is aimed at:

- a) Optimizing the existing budget through the service delivery optimization project
- b) Reducing losses through the medical legal intervention
- c) Managing cost drivers and mission critical risks such as NHLS, property payments, medicines and overtime

- d) Introducing efficiencies and cost savings through digitalization and strategic sourcing and
- e) Leveraging eHealth and medical technologies to disrupt care models; and finally,
- f) Increasing our income streams through revenue generation, strategic partnerships, and donors and grant allocations.

Several projects have been identified to give effect to this strategy. The integrated audit improvement strategy and the 15-points of the Provincial Treasury 18,2(g) project are incorporated into this pillar. It also supports the other pillars with interventions such as:

- The financial management and control improvement strategies for the Medico-Legal Improvement pillar
- Costing the service delivery optimisation plans and identifying savings

INTEGRATED MEDICO-LEGAL INTERVENTIONS

The integrated medico-legal strategy has four strategic objectives. Firstly, to stop the outflow of funds that is caused by writs of execution when there is non-payment of medico-legal settlements. On the 17th of August 2021, the department succeeded in having a stay granted of the writs of execution, pending the outcome of the public health defense.

Originally, R1 billion rand was projected to be spent on medico-legal settlements in the 2021/22 financial year. Due to these defenses, just over R33 million has been spent, to date, towards medical legal settlements, in cases where the department had conceded merits

The public health defense launched in November 2021 is a key legal strategy being laid before the Courts, where we argue that we can provide for the care of children with cerebral palsy at identified rehabilitation centers of excellence, rather than making large, upfront lump sum settlements that do not always go to the beneficiary.

The Department is greatly appreciative of the Specialized Litigation Unit of the Office of the Premier. Through this unit, the second objective of a tactical defense against medico-legal claims is being coordinated.

The third objective is the internal strengthening of the administrative processes associated with medico-legal case management in the Department. The pilot for securing historical patient records has been completed at Frere Hospital during 2021/22. This will be rolled out in the MTEF ahead at the 28 highly litigated hospitals. The rollout of the clinical modules of HMS2 will provide us with an electronic patient health record in the future, as at Frere Hospital, where the full capability is in use.

The Department has also advertised positions for a **dedicated medico-legal team** to coordinate medico-legal case management internally and provide support to facilities in identifying and preventing future medico-legal cases. These recruitment process will be completed at the beginning of the 2022/23 financial year.

The fourth objective is to prevent future medico-legal claims. There are two arms to this objective:

- The department is focused on continuously improving the quality of clinical services to women, mothers and children. Key interventions are strengthening clinical governance, preventing unwanted pregnancies, managing antenatal care in collaboration with mothers, ensuring the hub and spoke model of services that

provide safe labour and caesarean sections, supporting neonates that require resuscitation during complications that arise during delivery, and inter-facility transfers to higher levels of care, as needed.

Most medico-legal claims arise out of systems challenges; however, where personal liability is uncovered and confirmed, the involved professional will be held accountable.

- The Department wishes to express its gratitude to the Medico-legal Investigation Unit of Provincial Treasury. This unit undertakes forensic investigations into suspected fraudulent medico-legal claims, over-reach in billing, and Trust Funds irregularities. It has started with past or decided cases, to clear any suspicions of the reasons for losing the cases and the amounts and terms at which government settled. Cases are now being lodged in such alleged fraudulent cases.

This will act as a deterrent - already PAIA requests have decreased from around 60 per week to no more than, on average, two requests per week. These requests are often the precursor to full-blown medico-legal claims.

SERVICE DELIVERY OPTIMISATION

The service delivery optimization (SDO) pillar aims to deal with inefficiencies and optimally utilize existing infrastructure and human resource capabilities in a district. The SDO will improve organizational performance and will ensure prudent use of scarce resources. It is an exercise that will also promote policy alignment with key policies such as:

- The re-engineering of Primary Health care
- The reclassification and repurposing of health facilities (R&R Principle)

- Improved and optimised referral systems and a strengthened Primary Health Care Model (Define, develop and implement Hub & Spoke Model)
- Human Resources for Health Strengthening - to ensure reduced cost of employment, an optimised annual recruitment plan, improved recruitment business processes, effective management of approved post list, improved HRIS and other HR business processes and
- Improved referral pathways.

Opportunities for Service Delivery Optimization

The following are examples of opportunities to optimize the service delivery platform:

- a) There are clinics closer than 5 kilometers of each other with high vacancy rates. It may be prudent to combine the staff complement into a single service and provide better comprehensive 24- hour service packages.
- b) There are at least 19 hospitals with less than 50 beds. These hospitals have low bed utilization rates – generally less than 50% - and low head counts - even less than the head counts an 8-hour clinic.
- c) There are other facilities that are grossly under-utilized, dilapidated and posing a health hazard to patients and employees
- d) The department has effectively implemented the national TB treatment protocols. As a result, there has been a significant decrease in hospital admissions at our TB facilities year-on-year.

In a region like Nelson Mandela Bay, there are three TB hospitals. And yet, currently, there are only 118 patients requiring hospitalization in the region. There is no District Hospital and no psychiatric facility in the Bay region.

During COVID-19 there was a desperate need for beds at a lower level of care and Empilweni Hospital was allocated to take on stable patients that did not require specialist care. This provided enormous relief at the regional and tertiary hospitals, making beds available for patients who needed specialist care.

In this region it appears to be rational to consolidate the TB patients into one facility and repurpose the other two facilities to meet the need for a designated District Hospital as well as a psychiatric facility in the district.

The proposed SDO plan sets out a rationalised service delivery model with a redefined organisational structure that embraces national health strategies and the needs of Eastern Cape citizens. It will, however, require meaningful consultation with internal and external stakeholders and **political leadership will be pivotal** in engaging with our key stakeholders to explain the rationale of the proposed SDO plan. We need to prevail on our stakeholders to reach consensus on solutions that will promote affordable, quality care through consolidation and equitable redistribution of health resources.

DIGITALISATION AND eHEALTH

Health systems have been forced to change their workforce, infrastructure models and care delivery models to continue to meet quality and access targets, but achieve this from a reduced cost base. Experts agree that one solution lies in digital transformation and health care delivery model (HCDM) convergence—a trend that has accelerated during the pandemic.

Tina Wheeler is cited as opining that the rise of consumerism is driving health care digital technology use. Providers, health payers, and other stakeholders are turning to

digital to meet consumers' evolving needs and expectations, improve patient engagement and experience, and drive loyalty. Digital transformation is an essential step in preparing for a consumer-centric future of health care delivery.

The Department's digitalization and eHealth pillar essentially involves the roll out of innovative health applications like the in-house, web based HMS2 and pharmaceutical and EMS systems, to all our clinics and hospitals across the next five years. The roll out of HMS2 and ensuring ICT infrastructure and associated human resource capability, will require an investment of **R530 million**. The department is partnering with Siemens Healthineers as one of the partners in this endeavor. After submitting a business case in December 2021, the department is in the final stages of due diligence before it can receive formal approval and access the R318 million that is anticipated from a successful application. The department has already allocated **R112 million** in the MTEF period ahead and will ring-fence funding of the balance in the next MTEF.

This strategy also involves developing business intelligence, standardizing and institutionalizing performance reporting. Targets have been set to ensure connectivity at health facilities whilst the broadband Internet connection is being rolled out by the Office of the Premier.

HEALTHY COMMUNITIES

The healthier communities pillar will focus on the priority clinical programmes already described earlier in this policy speech. Over and above the focus on improving the six priority areas of the national core standards, as described above, there will also be a focus on strengthening the Emergency Medical Service, supported by the Eastern Cape College of Emergency care. Forensic Medical Service and the Customary Male

Initiation programmes are also areas of concern that will be addressed in the year ahead, as we strive to reduce unnecessary loss of life and limb.

EMERGENCY MEDICAL SERVICES

Honourable Members, Emergency Medical Services (EMS) provide urgent pre-hospital treatment and stabilisation for serious illness and injuries. EMS also transports patients to and between facilities for definitive care. EMS is an integral part of what we do – which is to save lives - as they are often our first responders.

The department has been working on addressing the gaps identified by the South African Human Rights Commission (SAHRC) in their visit of 2015. The interventions are still ongoing as the rate of progress is influenced by the funding envelopes. There has, however, been some improvement in the availability of services to all communities. These are highlighted in the sections below.

Demand for EMS Services

The demand is high with our Service responding to an average volume of **forty-one thousand, eight hundred and sixty-six** (41 866) emergency Priority one (P1) calls and **fifteen thousand, two hundred and forty-seven** (15 247) inter-facility calls, per quarter in the 2021/22 financial year.

The Department seeks to achieve the national norm of one (1) ambulance to 10 000 population. There are **four hundred and forty-seven (447)** ambulances, **one hundred and eighty-one** (181) patient transport vehicles and **forty-one** (41) rescue vehicles that are leased from the Department of Transport against a population of about 6,5 million residents of the Eastern Cape. Using these norms, the province would need 650 ambulances for normal operations and dedicated to pre-hospitals services,

at any given time. This number doesn't include inter-hospital transfer services which take up about 35% of the workload received by EMS.

Key Service Delivery Challenges & Interventions

The challenges we are faced with are essentially, threefold. Firstly, ensuring ambulances are roadworthy. This is not easy on rural roads where the rough terrain causes frequent damage to our vehicles. In addition, ambulances are often operational continuously - for up to 18 hours in a day. This accelerates the wear and tear of each vehicle and leads to the need for frequent repairs.

The department continues to replace un-roadworthy and non-compliant vehicles with newer vehicles according to the service level agreement with the Department of Transport. In this 2021/22 financial year, we **replaced 17 ambulances, 4 Planned Patient Transport Vehicles and 6 response vehicles.**

The timeous repair of ambulance services remains one of the contributory factors to EMS turnaround times. The Department will continue to work with the Government Fleet Management Services (GFMS) through the provincial Department of Transport to ensure that ambulances are prioritised when in for repairs, whilst also procuring ambulances and mobile vehicles that are best suited to the rough terrain of our rural areas.

The procurement of a suitable aeromedical service to supplement the ambulance vehicle service, has been a turbulent process, peppered with a legal challenge by the unsuccessful bidder that was later withdrawn, and non-compliance with the service level agreement by the awarded provider. The service level agreement was ultimately terminated, making way for a competitive process to find a suitable provider. Attempts

to find an alternative provider in the interim, were not successful. Whilst this was frustrating, due diligence had to be exercised to ensure correct processes were followed. Fairness to the provider was ultimately weighed up against the need to ensure our people have access to aeromedical emergency care. The procurement for a new service provider will take place in the 2022/2023 year.

The second challenge relates to human resources - insufficient staff to man the available ambulances. There are **two thousand, two hundred and forty-four** (2 244) EMS staff but the Department has a serious shortage of intermediate life support personnel. Thugs targeting our staff and robbing them at gunpoint does not make the staff shortages any easier. We condemn such thuggery with the contempt it deserves and call on communities to work with law enforcement agencies to report any acts of criminality.

Infrastructure Investment in EMS Services

The third area of challenge is the EMS infrastructure, both physical and technological. Eleven (11) of the 84 bases were found to be non-compliant with industry standards, essentially due to not meeting wash bays and minor infrastructure requirements. The Department has allocated **R137m** to address the ambulance wash bays and general upgrading of facilities in the strategic period ahead.

On the technology side, the Department has appointed Dimension Data to provide an **Electronic Call Taking and Dispatch system** in the Eastern Cape over 3 years. The **R84 million** contract to enhance the call taking and dispatch system, will introduce improved operational efficiencies. With the use of technology, we will be able locate the closest ambulance to the emergency calls, thus ensuring clients in urgent need of immediate attention get it as soon as possible. The system will be able to integrate with

the current systems of tracking and radio technology, to further increase efficiency gains. The Department has benchmarked from other provinces where such an EMS system has been functional and effective.

EC College of Emergency Care

There has been some progress in the skills development of our EMS personnel. The state-of-the-art EC College of Emergency Care was officially opened in September 2021 and provides an expanded training capacity for rescue programmes. These programmes provide skills for rescue across different terrains. The College has facilities on-site that allow simulation of the different terrains – an abseiling set-up to practice upscaling capabilities in mountainous areas, and swimming pools for deep-diving rescue, river water, and endurance rescues. The College can now produce more men and women to perform **advance rescue operations** such as the **awarded Magwa Falls Operation in 2021**, over and above the terrain of the tragic Centane Bus Accident, a few years back. There are **18 EMS members** that started on the 10-month **Rescue Technician programme** on advanced rescue training. They will continue until this course is completed in the second quarter of the 2022/23 financial year.

Following the accreditation of our College as an American Heart Association (AHA) Training Centre, the first **five Master BLS Instructors** have been trained. These trainers, have in turn trained **12 health professionals** in this life saving skill. A further **twenty-four** (24) “BLS for Health Care Professionals instructors” will be trained by end of the 2021/22 financial year. Other advanced AHA programmes will be rolled out within the 2022/2023 financial year. Slowly but surely, the province will begin to turn the tide on emergency procedures, like the resuscitation of children and adults in the province.

FORENSIC SERVICES

Serious challenges regarding staff development, infrastructure, operational needs, psychosocial assistance and staff shortage have been identified at Forensic Pathology Services.

There are several interventions that have been put in place in the financial year 2021/22, for the betterment of the service:

- **Two Lodox machines** for the scanning of bodies have been approved for procurement in **Mthatha and Gqeberha** regions in the current financial year to the value of **R15 million**. The same process will be followed in the new financial year for **Komani and East London** regions.
- The Department is in the process of revamping forensic sites to comply with occupational safety health and standards across the province. Facility assessments by a multidisciplinary team of the Department have already been completed in some facilities. These visits are still underway and will be used to develop 2022/23 MTEF refurbishment project plan for forensic services
- Through a capacity building initiative, **39 Forensic Pathology Officers** have been trained in Occupational Health and Safety and **new uniforms** bought and distributed.

The greatest challenge is in the burial of unclaimed bodies which requires continued and intense collaboration with SAPS and municipalities.

The National Department of health is in the process of standardising the job functions, qualifications framework, levels and salaries of Forensic pathology officers. The EC will align with this process as it unfolds in the period ahead.

CUSTOMARY MALE INITIATION

The 2021 summer initiation season saw many more young men go through the initiation process, following the limitations imposed by the COVID-19 pandemic.

Sadly, during the 2021 summer circumcision season, we recorded the highest number of initiate deaths. Forty-seven (47) of our youth died. Most initiates demised in Chris Hani which accounted for 13 deaths, followed by OR Tambo (11) and Joe Gqabi (10). This is more than three times the previous 2021 winter season which reported a total of 13 deaths.

These deaths represent a case fatality rate of 0.08% of initiate deaths out of a total of **fifty-three thousand, and eighty-nine** (53 089) boys that were initiated. Of the total boys initiated, **three thousand, five hundred and fifty-four** (3 554) which is 6.7% were initiated illegally, without following the proper protocol as set out in the Customary Initiation Act.

A total of **two thousand, nine hundred and ninety** (2 990) initiates were treated on the spot during support visits, and **two hundred and forty-nine** (249) were admitted in various hospitals across the province, with most admissions in OR Tambo. A total of 17 initiates had penile amputations, the majority of whom (7) were seen in Chris Hani.

Madam Speaker, while COGTA and traditional leaders are the custodians of ulwaluko, the old age rite of passage to manhood is everyone's responsibility. Parents, civil society, the religious fraternity, businesses, communities, and all spheres of government have a role to play in ensuring that **baya bephila, babuye bephila**.

The Department will continue to train traditional nurses and traditional surgeons to prevent morbidity and mortality related to the initiation process.

HUMAN RESOURCES FOR HEALTH

Madam Speaker, every ship must have a captain. The new Head of Department, Dr Rolene Wagner, was appointed in August 2021. This has lent stability and accountability at the highest level and Dr Wagner has had to hit the ground running. Unlike Edward John Smith, the RMS Titanic captain who went down with the ship, I have full confidence in Dr Wagner's ability to steer this ship into calmer waters.

We have advertised critical SMS positions for facility CEOs and Clinical Governance Management heads at central, tertiary, and regional hospitals. These will be appointed within the first 3 months of the 2022/23 financial year.

Due to budget constraints, the department has not been able to automatically place all the Community Service professionals against posts, following the completion of their community service year. The department requires about R358 million for the appointment of these health care professionals post community service.

The Department has also not been able to automatically extend the contracts of the COVID-19 contract workers because of the budgetary pressures.

Unfortunately, the funding envelope in this MTEF will not allow the Department to appoint all these professionals into entry level posts, as there is also a need to fill, for example, nurse and medical specialist posts to address surgical backlogs and the trauma burden; as well as other specialists to address the maternal and mental health burdens of disease, customary male initiation; and posts for community engagement in the NHI programme. Similarly, facilities need to be clean, waiting times reduced and a clean audit achieved- these require critical administrative and community and general workers to be appointed.

The Annual Recruitment Plan for 2022/23 provides for the filling of critical vacant posts, within the available envelopes, that will allow the department to achieve the key interventions of the Health Turnaround strategy. This strategy described above, aims to address the quadruple burden of disease, improve patient outcomes and experience of care, contribute to a resilient and productive workforce, and promote cost-effective care.

Some of the vacant posts to be filled will be clinical posts, whilst others will be for non-clinical, prioritised posts. As posts become available, our bursary holders will be prioritized to fill the vacated posts as we remain committed to employing them when the opportunities arise. The department has invested in these bursary holders, and we do want to find ways within the funding envelopes that ensure that they are able to work within our Service platform in return for the investment the province has made in them.

HUMAN RESOURCE DEVELOPMENT

The Department has allocated **R1billion** towards Health Sciences Training and Development programmes for the management of:

- Training nurses at the Lilitha Nursing College
- Emergency care training at the EC College of Emergency Care
- The bursary and work-place skills programmes
- The non-clinical internship and learnership programmes; and
- The statutory clinical programmes – medical and pharmacy internships, community service and registrar programmes.

We are incredibly proud of our **192 bursary holders** who graduated at the end of the 2021 academic year – **138 of these were medical doctors** (57 from SA universities and 81 from the Cuban Medical programme). The remaining 54 are from other health science professional categories like radiography (10); speech therapy (14); Dentistry (7); Pharmacists; and so on.

We have also taken another step forward in improving access to specialist care in our province as we proudly produced a total of **13 specialists from our registrars training programme** in this financial year 2021/22. These specialists have a range of much-needed skills in the clinical domains of Psychiatry, Obstetrics & Gynaecology, Internal Medicine, Ophthalmology, Orthopaedics, Paediatrics, and Anaesthetics. **Ten** (10) of the thirteen (13) **have been retained** within the training hospitals - Livingstone, Frere and Dora Nginza Hospitals.

Going forward, HRD is going to be working with Clinical Governance Heads and clinical Heads of Departments to establish an Internal Registrar Training Committee to oversee the programme and address any challenges experienced in the management of this critical training programme.

Lilitha Nursing College

In August 2021, the College had a graduation that saw a total of **seven hundred and twenty-five** (725) professionals released onto the world of work. **Two hundred** (200) of these were post-basic categories (**specialty nurses**) and **ninety-three** (93) were graduates of the One-Year-**Midwifery** programme. These specialist nursing skills will help to bridge the skills gap and strengthen our response to the quadruple burden of disease. We have increased our ICU infrastructure and now have some of the human resources available to optimally utilise this potential capability. The impact on critical

care and specialist nursing care in disciplines like trauma and orthopaedics is eagerly anticipated in this 2022 MTEF.

When I delivered the Policy Speech last year, I committed that we would attend to the issue of accreditation of Lilitha College programmes. In June 2021, the South African Nursing Council (SANC) accredited Lilitha's 3-year Diploma Programme. This will lead to the production of registered nurses who can practice independently. What is now due, is the approval of the registration of that qualification by the South African Qualifications Authority (SAQA). The submission was made during the 2021 academic year and we are awaiting the outcome. The SAQA registration will signal a green light for Lilitha to commence the intake for this qualification. The College is ready and rearing to go, with an advert for external recruitment waiting to be released. The process of selection of internal candidates will be finalised also once the SAQA registration is confirmed. The successful internal employees will be placed on study leave for the duration of their programme.

The College is undergoing a paradigm shift, which will also help embed a new value system that will address some of the long-standing challenges besieging Lilitha.

Regional Training Centre

The Regional Training Centre (RTC) managed to conduct Training sessions online during the pandemic and thus was not as affected by the lockdown regulations, except for those cadres who did not have online training options. Best practices that were set up by Eastern Cape when adapting to remote learning were quickly adopted by the National Department of Health.

A value-added benefit of the RTC conducting the COVID-19 training in the province, was that it strengthened relationships between the RTC, Lilitha College, Universities, Military Health Services and Correctional Services - the RTC had to train healthcare professionals in these Departments.

Basic Life Support Skills in PHC

The RTC also formed a training partnership with the EC College of Emergency Care that has been accredited to train BLS. The intention is to ultimately train clinical teams at the PHC facilities on Basic Life Support. To this end, as reported above, the College has trained **nineteen** (19) instructors through the RTC - this will result in all the districts having at least one trainer by the end of the 2021/22 financial year.

Twenty-two (22) BLS providers from EMS have been trained through this partnership and they will then be trained as instructors in 2022/23 to increase the pool of instructors who can then support the roll out of training in PHC. The goal is to work towards upskilling at least 80% of nurses in each ideal clinic facility.

This best practice has also been adopted by the NDOH, who will be sending other provinces to come and **benchmark in the Eastern Cape**.

IN CONCLUSION

Madam Speaker, at the beginning of this address I reminded us of the wise words of our Emeritus Archbishop Tutu. I have shared with you our story of triumph over the darkness. Without the helping hand from our social partners, we would not have been able to deliver on some of our commitments. COVID-19 has shown us that collaborations and partnerships are the way to go.

We remain grateful to every non-governmental organisation, community-based organisation, businesses, faith-based organisations, traditional leadership, communities, and civil society at large, for donating your money and time in ensuring that we continue moving the health system forward.

Without the philanthropic spirit of our strategic partners and the private sector, we would not have been able to deliver some services. For that, we say thank you, enkosi, baie dankie, kea leboha. We hope to always find your shoulders broad and arms welcoming as we will continue to come knocking at your doors.

We remain indebted to our service providers who remained patient with us and continued to render services even when we were unable to meet our obligations within 30 days.

His Excellency President Cyril Ramaphosa was correct when he said: “We are painfully aware of the risks inherent in having a state machinery that does not respond affectively to the needs of the citizenry...Committed, diligent, capable and ethical public servants are at the heart of growth and setting up of the developmental state.”

As I conclude Madam Speaker, I want to extend my sincere gratitude to the health team for their continued efforts, hard work and contribution towards the realisation of an improved quality healthcare to the millions of people in the Eastern Cape.

We appreciate the efforts of every worker, from general workers to specialists and governance structures because together, we move the health system forward. And so, the biggest thank you goes out to every Department of Health employee who braved the unknown COVID-19 enemy from day one. Your efforts did not go unnoticed.

I am also deeply grateful to Dr Wagner and her team and my core staff for the hard work and diligence in assembling and compiling inputs for the policy speech, the Annual Performance Plan and the Operational Plan.

I opened this address with the words “This is the Year to Renew, Reset and Rebuild Together”.

Whilst we mourn the loss of life, we celebrate our resilience to have survived this test of our humanity through our collective efforts.

These are admittedly difficult times, but this is also a time of opportunity for us to renew our commitment, reset and do things differently and better.

As an organisation, we are using this moment of great challenge as a catalyst for Turnaround, as we refocus our targets towards the goal of universal access to quality health and care for all.

Madam Speaker allow me to present the Eastern Cape Department of Health budget allocations, Annual Performance Plan and Operational Plan for 2022/23 financial year for consideration and approval.

Enkosi.