Province of the
EASTERN CAPE
HEALTH

# EASTERN CAPE DEPARTMENT OF HEALTH

# BUDGET AND POLICY SPEECH

# 2024/2025

STAY SAFE
VACCINATE TO SAVE SOUTH AFRICA
TOGETHER WE CAN BEAT CORONAVIRUS

*Together, moving the health system forward*

2030 NDP

# EASTERN CAPE DEPARTMENT OF HEALTH BUDGET & POLICY SPEECH FOR THE 2024/25 FINANCIAL YEAR TO THE EASTERN CAPE PROVINCIAL LEGISLATURE AT BHISHO ON THE 7TH AUGUST 2024 BY HON. MEC NTANDOKAZI CAPA

**Hon. Madam Speaker and Deputy Speaker**
**Hon. Premier Mr. Lubabalo Mabuyane**
**Leader of Government Business**
**Members of the Executive Council**
**Chairperson of the Health Portfolio Committee**
**Hon. Members of the Eastern Cape Legislature**
**Our Kings and Traditional Leaders**
**Director-General & Heads of Departments and Entities**
**Distinguished guests**
**Organised Labour**
**More importantly, the people of the Eastern Cape**

Molweni Mawethu, Dumelang, Good Day, Goeie dag.

It gives me great pleasure, Honourable members and the people of Mpuma Kapa, to table this policy speech in the 7th term of government. I stand before you as a woman, charged with the responsibility of ensuring we deliver the best possible health and care to the people of this province, in the month that celebrates women.

I am conscious that I stand on the shoulders of giants, like the international icon, Florence Nightingale, and our own Cecila Makiwane, the first registered professional Black nurse in South Africa, and early activist in the struggle for women's rights.

According to many sources, including the World Health Organisation (WHO), the empowerment of women is key to improve women's health across Africa. We need to create a health system that is more sensitive and responsive to the specific health needs of women. To do this, the participation of women at all levels of the health system, from patients to frontline workers to physicians, is essential.

In this policy speech for the 2024 /25 financial year, we shall attempt to give an account of the great work done by the Department of Health and also reflect on the significant strides made during the past 30 years of democracy, built on efforts that included women, in our communities and in government.

Honourable Speaker, from the outset, let me be bold to assert that for the 2024/25 financial year, the Eastern Cape Department of Health's theme is:

**"We Care / Siyakhathala"**

To paraphrase Maya Angelou, we have the opportunity to heal the mind, soul, heart, and body of our communities. They may forget our names, but they will never forget how we made them feel.

Honourable Speaker, I must hasten to say, this policy speech will only provide highlights of key projects or deliverables undertaken during the period under review. The full details of the overall performance of the department will be tabled in the Annual Report for the 2023/24 financial year; and details of the work to be done, in the Annual Performance Plan for 2024/25.

During the past five years, the department has been operating in a climate of tight fiscal constraints due to an economic contraction, post COVID-19. The advent of the severe acute respiratory syndrome, SARS-

COV2, resulted in loss of lives and impacted economies, worldwide. There was much suffering and hardship at individual household level, but also at a societal level.

Notwithstanding the gloomy picture painted above, the government of the Eastern Cape displayed unity in action, and our people demonstrated great resilience through the difficult period of COVID-19. Our government, in line with its transformation policies has sustained the principle of reliance on community engagements and forming strategic partnerships to address societal issues.

Honourable Members, allow me to take the opportunity to allay your fears about the recent outbreak of Monkey Pox (Mpox) in South Africa. The disease is caused by the monkeypox virus (MPXV). It is transmitted from person-to-person through close contact and originates from unknown animal reservoirs in East, Central and West Africa.

To date, South Africa has recorded a total number of twenty-two (22) laboratory-confirmed cases - all are males aged between 23 to 43 years. The recorded cases are in Gauteng (11), Kwa Zulu-Natal 10) and Western Cape (1). The number of Mpox deaths has risen to three, to date. We are relieved to report that Mpuma Kapa has not recorded a case of Mpox.

The Eastern Cape Department of Health has activated the Provincial and District Outbreak Response Teams. These teams develop mitigating strategies and interventions to stem the tide of disease spread, when an outbreak is encountered. The departmental clinical teams have conducted six workshops to create awareness amongst all our clinicians about Monkeypox.

Risk Communication and Community Engagement (RCCE) interventions are being planned to ensure that the Eastern Cape public is made aware of the Mpox disease and to explain their important role preventing disease spread.

Madam Speaker, climate change continues to pose a health risk to the Eastern Cape population. The hot temperatures and shifting terrible weather conditions have worsened air quality, leading to asthma attacks, and respiratory and cardiovascular diseases. The recent turbulent weathers caused floods and displaced families. Livelihoods have been disrupted and, tragically, lives have been lost in the Komani, Port St John, and Gqeberha communities.

As a caring government, we converged on all the affected communities to alleviate their suffering through well-coordinated government support. We continued to provide necessary primary health care services and emergency medical care. We would like to commend the departmental emergency medical rescue teams who did phenomenal work, responding to calls of distress and proceeding to rescue stranded individuals. They worked around the clock reducing trauma and suffering in those affected communities.

Madam Speaker, as the government led by the African National Congress (ANC), we are emboldened by the overwhelming majority trust of the Mpuma Kapa population as they returned the oldest political party in Africa to run the Eastern Cape government for another five years.

***We know that before the end of the 6th term of administration, many political opponents were claiming that 2024 general and national elections are their 1994 and claimed they would topple the ANC out of government in Mpuma Kapa.***

Siyabulela kakhulu kuluntu lwase Mpuma Kapa ngokungabi nasifo sokulibala. Kwaye anivumanga ukumfamekiswa ziingcuka ezombethe ufele lwegusha. Baphindile abantu beli phondo bangqina ukuba yi-ANC

kuphela ene migaqonkqubo ne political will yokuguqula iimpilo zabantu ngokuthi baphume ngobunintsi babo bayokuvotela lombutho wokhokho bethu.

The Premier, Hon. Mabuyane, during his State of the Province address in February 2024, made a promise in this august house, that the African National Congress "Iyabuya". Ngenene nange nyaniso urhulumente we ANC ubuyile.

Sifuna ukuthembisa kuluntu lonke ngokubanzi ukuba siziva sithobekile kwaye sithembisa ukuba soqhubeka sisebenzisana noluntu sinekeza nge nkonzo zempilo ezisulungekileyo.

Masiphinde sidlulise amazwi ombulelo kwi 6th administration ngomsebenzi ewenzileyo ukuqinisekisa iinkonzo ziyaya eluntwini.

As the 7th administration we will continue where the 6th administration left off and ensure improved, quality health care services are delivered to our people.

Since the advent of democracy in 1994, the ANC government has declared free delivery of primary health care to improve access to health services. In May 1994, former President Nelson Mandela, in his first State of the Nation Address, announced free access to health care for all pregnant women and children under six years in the public health service.

As the former President made the announcement, he said "Health remains a fundamental building block of the humane society we are determined to create through the implementation of the Reconstruction and Development Programme (RDP)."

Subsequently, the ANC government ensured that the new Constitution of South Africa incorporated the rights to healthcare in the following manner:

Section 27 of the Bill of Rights, has three key components to it. Firstly, it assures every citizen's right to have access to health care services, including reproductive health care; sufficient food and water; and social security. It then stipulates that the State, within available resources, must make provision for the progressive realisation of each of these rights. And finally, it directs that no one may be refused emergency medical treatment.

Section 28 of the Bill of Rights, makes provision for children under the age of 18 years and sternly reminds us that the child's best interests are of paramount importance in every matter concerning this child. The Section 28, then stipulates the child's personal, human, social and legal rights explicitly and includes Section 28 the right "to basic nutrition, shelter, basic health care services and social service".

## TRANSFORMATION OF THE PUBLIC HEALTH SYSTEM IN MPUMA KAPA – 30 YEARS OF DEMOCRACY

Honourable members, we are running a coherent government, taking our mandate from the People`s Assembly, "the Freedom Charter", held in Kliptown in 1955. Sixty-nine (69) years since the adoption of the Freedom Charter, the ANC government has never shifted its eyes from the goals, aims and objectives penned down in this historic manuscript of the people.

Madam Speaker, in 1997 the ANC in its attempt to restructure the health system, passed a White Paper on the Transformation of Health Services in South Africa. The White Paper is founded on the following principles of (i) overcoming fragmentation, (ii) promoting equity, (iii) providing comprehensive services, (iv) local

accountability, (v) decentralization of management & leadership, (vi) quality of services, (vii) effectiveness & efficiency in delivering services, (viii) Developmental & Intersectoral approach, and lastly, (ix) ensure sustainability in delivering services.

From the beginning, the ANC government had a mammoth task of amalgamating three separate administrations providing health in the Eastern Cape - Cape Provincial Administration, Ciskei and Transkei - into one single department, under the leadership of the first ANC MEC for Health, the Late Dr. Trudy Thomas (Umoya wakhe ulale ngoxolo).

We have decentralized management and leadership of health services in Mpuma Kapa, establishing eight health district offices throughout the province. This entrenched local accountability unlike the previous systems of governance by the apartheid and homeland governments. In all our actions, the people come first as espoused in the White Paper for Transforming Public Service Delivery "Batho Pele/Abantu kuqala."

**Provincialisation of Primary Health Care**

The ANC government resolved that the delivery of health care in South Africa will be based on Primary Health Care (PHC), as formulated by World Health Organization in Alma Ata Declaration in 1978.
During the previous apartheid-led dispensation, the delivery of PHC was fragmented and not meeting the WHO norms and standards. The Department was providing comprehensive PHC services, whilst local government clinics were providing promotive and preventive services, in the form of immunisations and family planning.

To ensure our people receive comprehensive quality health services, the Department provincialized PHC clinics that were under the control and management of local government, as set out in the White Paper for Transformation of Health Services.

Mawethu, uthi ngenye imini umfo wase Guinea Bissau u Amilcar Cabral "**Tell no lies, claim no easy victories.**" Mandinikhumbuze Malungu abekekileyo ukuba **imbali ayicinwa/history cannot be erased.** Sibalisa amabali empumelelo athe aguqula impilo yoluntu jikelele!

**Amalgamation of Colleges of Nursing**

In 2004, under the stewardship of the former MEC Dr. Bevan Goqwana (u Dlamini), we have successfully amalgamated four nursing colleges (Ciskei, Transkei, Frere and Eastern Cape Colleges of Nursing) into one college called Lilitha College of Nursing. Lilitha, meaning light, symbolises bringing light to the people of the province through Nursing Education.

In line with its statutes, Lilitha College of Nursing established the College Council and Senate. Since the amalgamation, Lilitha has trained more than six thousand, eight hundred and eighty-four (**6 884**) nurses who are, in the main, employed by the Department and distributed throughout the province.
Out of these graduates, six hundred and fifty (**650**) are specialist nurses and more than two thousand, one hundred and fifty-one (**2,151)** are professional nurses.

The coordination of training of nurses is essential if we want to produce a cadre of nurses that meets the strategic needs of the service platform.

Madam Speaker, the Freedom Charter had a prophetic vision that "a preventive health scheme will be run by the state." It further envisioned that "free medical care and hospitalisation shall be provided for all, with

special care for mothers and young children**."** The ANC government is committed to the attainment of universal health coverage.

## NATIONAL HEALTH INSURANCE

The National Health Insurance (NHI) is South Africa's strategy to achieve universal health coverage. The NHI is a centralised, national insurance fund from which the government will buy healthcare services from healthcare providers in both public and private sectors.

All eligible South African residents, as defined in the NHI Act, will be able to visit these providers whenever they need healthcare, without any payment. The NHI will make healthcare more affordable, by reducing the cost of healthcare. There are economies of scale that can be achieved by purchasing healthcare for the entire population.

The NHI is not a new concept, nor specific to South Africa. Many countries around the world implement a similar structure to provide affordable and accessible quality healthcare.

The NHI journey started in 2011 when the NHI Green Paper was published for public consultation. This was followed by NHI pilot projects in 2012, with a focus on health system strengthening initiatives. The NHI White paper was published in 2015 laying the foundation for the NHI as the vehicle to achieve universal health coverage and a unified health system.

We applaud the great work executed and dedication displayed by members of the 6th Eastern Cape Provincial Legislature, for facilitating public participation. Ultimately, the NHI Bill was assented by His Excellency President Ramaphosa into an act of parliament on the 15th May 2024. This was a key milestone in the journey towards the transformation of the health sector and the pursuit of universal and comprehensive quality health coverage for all.

For the NHI Fund to be effective, the entire health system will undergo reform for many years to come. These reforms include integration of the private and public sectors; and reforms to make both sectors more effective and more efficient.

It will take many years to be fully realised and requires input from all sectors to ensure no one is left behind.

Now that the Bill has been assented to by the President, the NHI Act will be phased in gradually, using a progressive and programmatic approach, based on financial resource availability from 2024 to 2028. The Act will be implemented in two phases:

- Phase 1 commenced in 2023 and will continue for a period of three years until 2026.
- Phase 2 will commence in 2026 and will run for a period of another three years until 2028

We do want to reassure our people that we will implement NHI responsibly, as our goal remains always to improve access to quality care, and to protect all our citizens from financial hardship when accessing healthcare.

Madam Speaker, kaloku thina "We Care/Siyakhathala!"

## RE-ENGINEERING OF PRIMARY HEALTH CARE

The implementation of the NHI is anchored in the Re-engineering of Primary Health Care (RPHC). The RPHC is being delivered through five streams:

- Ward-Based Primary Health Care Outreach Teams (WBPHCOTs),
- District Clinical Specialist Teams (DCSTs),
- Integrated School Health Programme (ISHP),
- Central Chronic Medicines Dispensing and Distribution (CCMDD),
- Contracting of General Practitioners (GPs),
- Ideal Health Facilities Realisation and Maintenance (IHFRM).

**Ward Based Community Outreach**

For the provision of Primary Health Care services through Ward Based Primary Health Care Outreach Teams (WBPHCOTs), the department has since 2019, increased the number of Community Health Workers (CHWs) from three thousand, five hundred and nineteen (**3 519**) to four thousand, three hundred and seventy-three five hundred (**4,373)** in 2024/25. These resources were made available to increase access to PHC services.

Honourable members, in the past five years, the WBPHCOT programme provided community outreach services to a total of five million, three hundred and nine thousand, two hundred and sixty-two (**5 309 262**) households. This includes conducting annual first household visits to map the disease profile of the community and to be able to identify health risks early, for prompt referral.

Four hundred and ninety-one thousand, five hundred and twenty-six (**491 526**) children in the age group 12 to 59 months, have been provided with Vitamin A. Vitamin A deficiency is associated with significant morbidity and mortality from common childhood infections and is the world`s leading preventable cause of childhood blindness. Giving those children Vitamin A has contributed positively to prevent them from contracting childhood illnesses.

In addition, the WBPHCOT's managed to trace two hundred and forty-five thousand, six hundred and thirty-nine (**245 639**) clients, who missed or defaulted their TB and /or HIV treatment.

It is worth noting that during the 2023/24 financial year, the department increased its efforts in strengthening the early identification of pregnant women. It is vital that pregnant women visit our health facilities to book into our antenatal care programme before twenty weeks of gestation.

Forty-one thousand, eight hundred and three (**41 803**) women of childbearing age were tested for pregnancy by the WBPHCOTs in communities. Of this number, two thousand, three hundred and thirty-three (**2 333**) were found to be pregnant.

These are the women that, if they were not tested, may have delayed visiting the health facility and receiving antenatal care before twenty weeks. Through the intervention of our WBPHCOT teams, we were able to ensure that these women were found and connected to care. This promotes a healthy mom and baby during pregnancy and a safe delivery.

This financial year 2024/25, the Department will continue to provide WBPHCOT activities, with the focus on strengthening pregnancy testing in communities; screening for diseases of lifestyle, like diabetes and hypertension; tracing those lost to follow-up after enrolling in our priority health programmes; and encouraging adherence to chronic treatment that aims to prevent the progression of disease.

Honourable Speaker, the government of the ANC has been hard at work with every effort being made to ensure that our health services are available on farms, hills and mountains through our PHC mobile clinics.

The government had dedicated financial resources to procure and replace worn out mobile clinics to improve utilisation and access to health care by hard-to-reach communities.

However, given the tight fiscal constraints, we welcome partnerships to assist us in our efforts to improve access. We have received a mobile bus, valued at R1,5 million from the Cookhouse Windfarm Community Trust. The beneficiaries of this mobile bus service are the communities of Adelaide, Bedford, and includes the farming communities.

We would also like to acknowledge our partners, Doctors Without Borders, who give of their time and expertise to help us take services to our deep rural communities. We look forward to this collaboration continuing, and we welcome more health care workers and partners joining this movement.

**District Clinical Specialist Teams**

The Department of Health, in 2012, formally launched District Clinical Specialist Teams (DCSTs) to play a central role in improving the quality of care and health outcomes at district level for mothers, newborns and children.

It has always been a challenge to attract specialists to the province, especially to our rural districts. DCSTs have never been 100% complete in all districts. Nonetheless, the impact of these DCST's is in evidence. DCST's promote clinical governance and provide support to district level organisational activities, encouraging collaboration, communication and clinical reporting. By the 2020/21 financial year, the province noted a plateauing of maternal and child deaths in the province because of the implementation of clinical training, monitoring and evaluation.

During the COVID-19 pandemic, maternal mortality increased; but post-COVID-19, we are getting back on track with focused interventions to prevent unwanted pregnancies, identify moms and babies at risk, promote safer delivery and appropriate post-natal support.

**Integrated School Health Programme**

Madam Speaker, one of the gallant fighters in the fight against the racist apartheid regime and the ANC's longest serving president, OR Tambo, was spot on when he said: "The children of any nation are its future. A country, a person, that does not value its youth and children, does not deserve its future."

Those words continue to motivate us to ensure that children get improved primary health care services in schools through the Integrated School Health Programme (ISHP).

The department has gradually increased the number of professional nurses providing ISHP services from eighty-two (**82**) in 2019 to one hundred and seventy-five (**175**) in 2023/2024.

As a result of these resources, forty-six thousand, four hundred and fourteen (**46 414**) Grade 1 learners and forty-six thousand, four hundred and fifty-one (**46 451**) Grade 8 learners were screened and managed for conditions that, if they were not identified and attended to, were going to have a negative impact on teaching and learning for these learners.
A total of two hundred and thirty-four thousand, two hundred and thirty-three (**234 233**) Grade 5 girls were vaccinated against Human Papilloma Virus (HPV) since 2019. This is an important vaccine to protect young girls from developing cervical cancer when they become sexually active.

The Department is implementing the ISHP with sister departments, Education and Social Development.

We are aware that health is not a government matter but a societal matter. As a result, the Department has lobbied assistance from developmental partners.

In December 2023, we received the donation of a school health bus, from Anglo-American Platinum, through the Tshikululu Trust. This bus comes with state-of-the-art equipment, including dental equipment and ophthalmic equipment. The total cost of this donated bus with its equipment, is R6 million.

**Central Chronic Medicine Dispensing and Distribution**

Honourable members, to further improve and shorten time spent in the health facilities by our patients, the Department is implementing the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme. CCMDD is a flagship initiative that aims to reduce patient numbers at health facilities. Stable chronic patients are provided their medication at a Pick-up Point closer to where they live and work.

This programme was launched in the OR Tambo District in 2015, as part of the NHI pilot initiative, and expanded to all districts of the province. We have recorded a steady increase in client enrolment, while also retaining our existing clients.

The active clients in our CCMDD registers across **seven hundred and seventy-seven (775)** health facilities of the province, increased from **three hundred and thirty-five thousand, four hundred and eighty-one (335,481**) in March 2023, to **four hundred and nineteen thousand, two hundred and seventy (419 270)** in December 2023.

This is an increase of **eighty-three thousand, seven hundred and eighty-nine (83 789)** patients collecting their medicines from conveniently located points in the province.

We intend to increase the number of patients on the CCMDD programme this financial year to reach **four hundred and forty-five thousand, five hundred (445 500)** patients.

There are **two hundred and thirteen (213)** external pick-up points, all none-public health facility medicine collection points. They are selected by clients based on convenience; and operate outside of the normal clinic hours.

We encourage the community to register on the programme. Talk to your nurse or doctor at the clinic to be considered on the programme. Also, the community leadership is invited to identify and offer suitable venues as possible Pick-up Points.

We believe the CCMDD is a proven strategy to reduce out of pocket costs of accessing medicines and promote adherence to treatment for better health outcomes.

## INFRASTRUCTURE REVITALISATION AND IDEAL FACILITY ACCREDITATION

A major tenet of NHI is access to quality healthcare. The NHI will require health facilities to meet minimum standards before it will be accredited to provide health and care to our citizens. We have consciously invested in our health infrastructure, with a view to increase access to health care, as well as improve the outcomes and experience of our communities and staff in our facilities.

Madam Speaker, when the ANC was voted into government in 1994, it is a historic fact that state-of-the-art healthcare facilities were only found in big cities and urban areas. Majority of our people, Africans in particular, were reduced to homelands and Bantustans, where services were not necessarily up to standard.

It was not unusual to find communities building their own clinics or using community mud structures or buildings owned by churches, as makeshift clinics. These were buildings that were not necessarily designed and built to be clinics.

This is why the caring government of the ANC had to invest heavily in infrastructure development and revitalisation. To this end, in the past 30 years, the Eastern Cape Department of Health has invested over **thirty billion rand (R30-billion)** to improve infrastructure across the province. This was the beginning of restoring people's dignity and working towards universal health coverage.

Various facilities at different levels of healthcare have benefitted from this investment. One hundred and six (106) primary healthcare facilities, thirty (30) community health centres, forty (40) district hospitals and eight regional and tertiary hospitals were improved.

Government has invested around R650 million in a modern Sipetu District Hospital, with much needed staff accommodation to attract health care professions to this beautiful but remote rural area in Ntabankulu. The Hon Premier opened Sipethu Hospital during 2023/24.

In the Eastern Region alone, we have built, amongst others, Nelson Mandela Academic – a Central hospital- St Elizabeth Regional Hospital, St Barnabas Mental Health Unit, Lusikisiki Village clinic, St Patricks District hospital and many more – the list is endless.

During the six terms of government, the Department has continued to modernise Frontier Regional Hospital in Chris Hani; and Aliwal North Hospital in Joe Gqabi. These modernized institutions have the latest, cutting-edge medical technology.

This programme significantly contributed to Eastern Cape health facilities attaining ideal clinic status in line with National Health Insurance requirements. Thirty Primary Health Care (PHC) facilities were upgraded to Community Health Centres (CHCs) to improve access to 24-hour services. These CHCs are fully equipped to render trauma services.

Some of the CHCs are Dutywa, Sada, Nontyatyambo, Empilweni-Gompo, Flagstaff and Meje CHC, just to mention a few.

In our efforts of ensuring that mud structures were a thing of the past, we succeeded in eradicating 60% of mud healthcare facilities in the past 30 years. Abantu base Mahlubini, Zabaza, Isikhoba, Qebe, Nkwenkana clinics kunye nakwezinye iindawo banganqgina namahlanje kuba bayayazi lento sithetha ngayo.

The work of eradicating mud structures is an ongoing project. We want to commit in this august house that more mud structures will be eradicated during this 7th term of government.

The six community health facilities that have elements of mud construction materials and which have been included in the 3-year infrastructure plan are Tsomo, Illinge, Lower Didimane, Philani, Balfour and Molteno Town clinics. Balfour clinic in the Amathole district is currently under construction and the remaining five are all at the last stages of planning with construction to commence in this financial year.

A total of seven (7) hospitals have elements of mud construction materials and form part of the department's Infrastructure Improvement Plan over the Medium-Term Expenditure Framework (MTEF). They are Greenville, St Lucy's, Isilimela (OR Tambo District), Empilisweni, Mjanyana (Chris Hani District) hospitals and are also at various stages of planning.

We are committed to advertising phase 1 work to be done for the upgrade of Greenville Hospital by the end August 2024, with the contractor anticipated to be on site before the end of the year. Nessie Knight (OR Tambo) and Lady Grey (Joe Gqabi) hospitals are currently under construction.

The department has also constructed new, upgraded, state-of-the-art facilities:

- In Buffalo City- Cecilia Makiwane Hospital - at a cost of **R515 million;** and
- In Alfred Nzo:
  - Khotsong Hospital, at a cost of R650 million and
  - Madzikane KaZulu Memorial Hospital at a cost of R2.3 million,
  - Meje CHC in Winnie Madikizela Mandela LM at a cost of R**169 million**

This was a total investment of almost R1.4 billion.

In addition, we have completed: St Elizabeth Hospital paediatric unit, the Nkqubela TB Hospital in Buffalo City Metro; Lilitha Nursing Campus in Lusikisiki; and the Eastern Cape College of Emergency Care and Emergency Medical Services (EMS) headquarters in Gqeberha.

Somlomo, na Malungu abekekileyo endlu yowiso mthetho, the Constitutional injunction directs the government to progressively realise and promote equitable access in the delivery of health care in South Africa.

The new Cebe Clinic was advertised on 26th July 2024. The contractor is expected to be on site by the end of the year. This clinic will include accommodation and an EMS base; and bears testimony to government's commitment to improve access to quality health and care for all.

Honourable Members, NHI reforms will contribute to the health system having a coordinated and well-structured response to the quadruple burden of disease that confronts our health system.

We traversed the road of bettering the lives of our people sikhuthazwa ngamazwi ka Pawulosi kwincwadi yakhe yesibini xa ebhalela ibandla lase Thesalonika "Ke nina bazalwana, ningayeki ukwenza okulungileyo (Brothers & Sisters, never tire doing good – Thessalonians 3:13)." Athi ke umculi ngenye imini ïnde lendlela, inameva, iyahlaba, guqa uthandaze." This deliberate commitment to serve, is anchored by the Departmental vision "optimal health outcomes for the people of the Eastern Cape province."

## ADRESSING THE BURDEN OF DISEASE

## NON-COMMUNICABLE DISEASES

According to Statistics South Africa, non-communicable diseases continue to outstrip infectious diseases in South Africa. A huge number of deaths is due to diabetes and cardiovascular diseases, including strokes. Cancer has also been rising to epidemic levels as has mental health disorders.

These developments can be attributed to urbanisation, social determinants of health, risk behaviour such as tobacco use, harmful use of alcohol, unhealthy diets and lack of physical activity.

The Department is managing the negative impact of Non-Communicable Diseases (NCDs) according to the National Strategic Plan for Prevention and Control of Non-Communicable Diseases 2022 to 2027.

In the last year of the 6th Administration, the department initiated forty-four thousand and forty-six (**44 046**) clients on diabetes and hypertension treatment.

In the year ahead, planned interventions will focus on improving health promotion, and the early detection and prevention of illness at community level, in partnership with business and community structures.

The Department received another donation from the DG Murray Trust through the programme called KeReady. This donation includes eight (8) mobile clinics and is aimed at providing services to communities including schools. It targets ages ten (10) to thirty-five (35) years. These mobile clinics were distributed in all eight districts of the province.

The donation comes with human resources, each mobile clinic having two professional nurses with dispensing licenses, two enrolled nurses, one case manager and one CHW.

There are also roving doctors that provide support to these teams. The total value of the donation is fifty million, two hundred and eighty thousand rands (**R50.280-million)**. This includes the cost for the mobile clinics, equipment, human resources, information technology equipment and operational costs.

KeReady, together with the Small Project Foundation (SPF), conducts outreach services to provide eye screening and other PHC services. Since the inception of the project in July 2023, the project has donated more than **five thousand (5 000)** spectacles to alleviate challenges related to poor sight in the province.

Madam Speaker, before this intervention, some of the learners were classified as slow learners due to difficulties caused by poor sight.

**Mental Health**

Madame Speaker, according to the Lancet (August 2023), a burgeoning mental health crisis is emerging globally, regardless of each country's human resources or spending. It is postulated by the experts that four policy actions need to be enacted:

- A whole of society approach to prevention and care;
- A redesign of the architecture of care delivery to provide a seamless continuum of care, tailored to the severity of the mental health condition;
- Investing more in what works to enhance the impact and value of the investments; and
- Ensuring accountability through monitoring and acting upon a set of mental health indicators.

These recommendations will be considered in the Mental Health strategy that will be finalised in the year ahead.

The challenges we have accounted in our province is inappropriate 72-hour observation capability and the lack of access to acute beds for admissions to mental health facilities. Long-stay chronic patients often occupy acute beds in our specialised psychiatric facilities. Readmission rates also are a problem when discharged patients do not adhere to their treatment and/or are not accessing support at community level, further putting pressure on the need for acute beds.

The Department will focus on the upgrading of 72-hour units at selected facilities to align with basic minimum standards. We are prioritising facilities where we will complete a conditional assessment in the current financial year, with adverts planned to go out in the last quarter of the financial year.

The Department will work with Social Development and other partners to strengthen support at community level, raising awareness on mental health issues, destigmatising mental illness and promoting mental well-being.

## MATERNAL & WOMEN'S REPRODUCTIVE HEALTH

Madam Speaker and Honourable Members, our government, in 2012, revised its Contraception and Fertility Planning Policy and Service Delivery Guidelines, to address issues related to contraception within the human rights context. The policy resulted in a full range of family planning methods available in public sector health facilities.

The Department has implemented Sexual and Reproductive education in all health facilities, to improve knowledge and understanding of sexuality and reproduction.

To address the patterns of high defaulter rate amongst family planning users or clients, the Department has introduced and implemented Long-acting Reversible contraception (LARC).

In advancing women`s rights, the government has enacted the Choice of Termination of Pregnancy (CTOP) Act in 1996, to mitigate unwanted pregnancies and unsafe abortions that led to the loss of lives. This was a giant step by the ANC government and displayed the progressive commitment to dignity, equality and self-preservation of women of South Africa and Mpuma Kapa, in particular.

Teenage pregnancy remains a challenge and can lead to young girls becoming trapped in a cycle of poverty. The Department has thus implemented strategies to prevent teenage pregnancies. Notable amongst these, is the Inzululwazi project between Departments of Health, Social Development and Education, and a number of developmental partners.

Honourable Speaker, the department has established five hundred and thirteen (**513**) youth zones across the province. These are safe spaces that offer sexual reproductive health and rights among the youth.

Youth zones also create a conducive environment for the youth to access a comprehensive package of services, including HIV testing, family planning and counselling services, and pre-and post-termination of an unwanted pregnancy.

## COMMUNICABLE DISEASES: HIV/AIDS AND TB

Honourable Speaker, allow me to further report about the undeniable progress this government has made in stemming the tide of HIV/AIDS, Sexual Transmitted Infections (STIs) and Tuberculosis (TB).

Since 2009, our government has escalated the programme and strategic interventions, to make antiretroviral therapy (ARVs) available to all South Africans infected by the disease.

As posited in the discussions above, the availability of ARVs has significantly increased the life expectancy of many South Africans. This displays clealy that our government will always implement programmes that aim to improve the lives of the people of Mpuma Kapa.

The end of the 2022/23 financial year marked the end of the 2017-2022 National Strategic Plan for HIV, TB and STIs. The UNAIDS 90-90-90 strategy phase to achieve zero new infections by 2023 also came to an end.

In March 2023, during the national World TB Day event, the Deputy President launched the new National Strategic Plan for HIV, TB and STI. This ushers in the 95-95-95 strategy, which is the second phase of the strategic targets towards 2030.

Honourable members, we are very serious about creating a positive environment where South Africans enjoy living healthy and lead productive lives. This government of the ANC is now implementing the UNAIDS 95-95-95 HIV/AIDS strategy, meaning:

- 95% of people living with HIV knowing their status,
- 95% of people living with HIV who know their status, are on antiretroviral therapy, and
- 95% of people living with HIV on antiretroviral therapy achieve viral suppression.

Honourable members, in pursuing the first 95 of the UNAIDS HIV/AIDS programme, in the 2023/24 financial year, the department has tested eight hundred and nineteen thousand, six hundred and forty-four **(819 644)** people. This is up from the baseline of six hundred and thirty-three thousand, two hundred and five **(633 205)** people tested in the 2019/20 financial year - from **76% to 93%,** a significant achievement during the 6th Administration, and we are proud of the efforts that were made to attain this result.

The Department, in pursuing the second 95 of the UNAIDS HIV/AIDS strategy, has enrolled a total of **six hundred and forty-nine thousand, seven hundred and thirty-two (649 732)** patients on antiretroviral therapy in 2023/24 up from **four hundred and ninety-three thousand, eight hundred and seventy-nine (493 879)** patients in 2019/20. This is a move from **79% to 92%** achievement!

The departmental future plans include several comprehensive interventions, such as as catch-up planning; and implementation of Operation Phuthuma and the TB Recovery Plans. This is done in collaboration with all sectors in the HIV, TB and STIs response, under the coordination of the Eastern Cape AIDS Council.

It aims to accelerate catching up on the achievement of the 95-95-95 targets, in recognition of an obligation to achieve the health targets outlined in the five-year National Strategic Plan (NSP) and Provincial Implementation Plan (PIP).

The NSP strategic goals that are being addressed within the framework of the Eastern Cape Department of Health competencies include, amongst others, the intention to:

a) Combat and reduce the impact of communicable diseases, namely TB and HIV/ AIDS, with a special focus on preventing the emergence of drug-resistant strains for both TB and HIV.
b) Reduce transversal transmission of HIV from mother to child. The Department has continued to work diligently with all sectors towards achieving an Eastern Cape free of new HIV and TB infection by providing high quality care and support for all people affected by HIV, TB and STIs.

Madam Speaker, on the 1st of September 2023, the National Department of Health launched a six (6) month regimen at Jose Pearson TB hospital for the management of drug-resistant TB.

This is a great milestone for our patients, as the number of tablets a patient must take during the treatment journey, has drastically decreased from an average of seven thousand, two hundred **(7,200)** tablets per treatment course, prior to 2013, to two thousand, nine hundred and eighteen **(2,918)** for the patients who are currently receiving the 9 - month regimen.

The new 6-month regimen has led to a further reduction of tablets from two thousand, nine hundred and eighteen **(2,918)** to seven hundred and thirty-four **(734)** tablets.

This suggests that our drug-resistant TB patients are taking now taking twenty-three **(23)** pills a week instead of twenty-three **(23)** pills a day.

This is a good **story tell, this is progress** that deserves celebration and ululation - it shows that we are serious about fighting TB! We believe this new regimen will lead to better treatment adherence for drug resistant TB patients.

The World Health Organization (WHO) has public acknowledged and recognized that the ANC government has the largest programme of HIV treatment, globally. We are a leadership that displays purpose, dedication and commitment in executing the public mandate.

Honourable Members, whilst the global recognition is gratifying, we humbly acknowledge that there is work to be done in strengthening our health system.

## HEALTH SYSTEMS STRENGTHENING

Madame Speaker, how the healthcare system works in a country has a large impact on the financial, as well as physical, wellbeing of that country's people. The WHO framework describes six building blocks for health systems strengthening: (i) Service delivery (ii) Health workforce (iii) health information systems (iv) access to essential medicines (v) financing and (vi) leadership/governance.

I will highlight just the key interventions aimed at strengthening our health care system in the period ahead.

## HEALTHCARE FINANCING

Honourable Members, I have reflected on the healthcare financing component in the sections that deal with NHI. The Department is working with Provincial Treasury to address the crippling accruals and payables that have arisen from the historic debt associated with medico-legal lump sum settlements.

The department will be implementing programmes and projects in this financial year in pursuit of five strategic objectives that will take us towards a sustainable financing of our health system:

1. Optimise the available budget through Service Delivery Optimisation and includes HR and infrastructure optimisation
2. Reduce losses from the budget through an integrated strategy to reduce medico-legal claims and settlements
3. Cost-containment and debt restructuring, focusing on:
    - Our cost-drivers like Cost of Employment, Drugs, National Health Laboratory Services, and security;
    - Strengthening our controls for an unqualified audit opinion;
    - Strategic sourcing in Supply Chain Management
4. Innovating and deploying disruptive technologies – the rollout of HMS2, and digitalisation
5. Increasing our income streams through revenue generation projects, strategic partnerships and actively pursuing donations and grants

## SERVICE DELIVERY OPTIMISATION

The Department is operating within a highly constrained fiscal space, exacerbated by the implementation of austerity measures and fiscal consolidation. The economic climate demands that government reviews the way we conduct our business.

Madam Speaker, the Policy on Management of Public Hospitals in South Africa (2012) prescribe that "the management of hospitals will be underpinned by the principles of effectiveness, efficiency and transparency."

The policy further emphasises that the Department ensures promulgation of applicable pieces of legislations and policies to improve functionality of hospitals.

The policy on management of public hospitals prescribes that district hospitals be classified into three categories:

(i) Small district hospitals with no less than 50 beds and no more than 150 beds.
(ii) Medium size district hospitals with more than 150 beds and no more than 300 beds.
(iii) Large district hospitals with no less than 300 beds and no more than 600 beds.

In the Eastern Cape province, we inherited what was called Provincially Aided hospitals which were run by NGOs but subsidized by the Department of Health. Nineteen (19) of the previously Provincially Aided hospitals have below 50 beds each – they, therefore, do not meet the criteria to be classified as district hospitals.

Honourable Members, we have a task of objectively consulting all relevant stakeholders, especially communities, to embark on a journey of repurposing the 19 hospitals, whilst ensuring their communities receive good quality health care.

Similarly, because of the advance in TB treatment and the ability to manage patients in the community rather than in hospitals, there has been a significant decrease in the admission rates of TB patients in recent years. This provides us with an opportunity to repurpose such facilities to meet emerging needs such as step down and mental health facilities.

This Service Delivery Optimisation is a task that must be done with objectivity, humility and consideration. I implore the cooperation amongst all stakeholders - the executive, legislature, labour and communities - to travel this journey together with the Department. With the current economic climate and compliance with the law, the Department must fast-track the finalisation of our service delivery platform and this, in turn, will inform a realigned Departmental organogram.

## DECENTRALISATION OF SPECIALIST SERVICES

Honourable Speaker, those who do not suffer from selective amnesia will agree with us when we say before 1994, specialist services were only available in big cities and major towns. This government has changed that narrative.

During this term, the Department will continue to develop the regional hospital services at St Elisabeth's, Frontier and Dora Nginza Hospitals; and we remain committed to the development of the Oliver and Adelaide Tambo Regional Hospital.

In addition, we recognise that it is vital that bell weather surgical and orthoapedic capability be developed at selected district hospitals, forming a hub to treat communities closer to where they live and work. In addition, specialist outreach services to these facilities are essential to take services closer to communities.

We have identified ten district hospitals that will receive basic specialist services in the province. For phase one, we have selected these to be Dr Malizo Mpehle, Madzikane kaZulu, All Saints, St Barnabas, Taylor Bequest, Aliwal North, Butterworth, Uitenhage Provincial, Settlers and Victoria hospitals.

In phase two, the Department shall add another eight district hospitals to total eighteen that receive specialist services.

Ezi specialist services zizoquka ukongulwa kwamehlo (cataract surgery), ukubelekisa (obstetrics and gynaecology), paediatrics, surgery, family medicine, dermatology and orthopaedics.

Zezinye zezinto esizenzayo ke ezi ukuqinisekisa ukuba abantu bakuthi bafumana iinkonzo zezempilo eziphucukileyo kufutshane namakhaya abo.

## MEDICINE AVAILABILITY

The NHI would require that there are adequate medicines available at public health facilities. The Department has been securing essential medicines for the people of Mpuma Kapa, as part of improving access to quality health care.

The department allocates almost **R2-billion** for the procurement of medicines and surgical sundries, annually. The provincial supply chain management systems for medicines are continuously reviewed to be more responsive and agile.

During the COVID-19 pandemic, the provincial medical depots were tested in terms of responsiveness and adaptability. We were able to ensure that stock of personal protective equipment (PPE) was secured and distributed to all health facilities within the shortest time. We can hold our heads high as Mpuma Kapa as we were amongst those provinces that had a successful system for procurement and distribution of PPE.

The province has experienced a few disruptions in medicine availability over the past months. Medicine availability has been under immense strain, due to internal and external constraints:

- Global supply chains have not stabilized since the COVID-19 pandemic.
- The import of pharmaceutical ingredients has been disrupted by the wars in European countries (Russia and Ukraine; and most recently the Israel/ Palestine). Our security of medicine supplies is not fully stable as the movement of goods from European countries to our country continues to be affected.
- The departmental cash flow constraints due to the impact of historic medico-legal settlements, has also made it difficult for the department to pay suppliers of essential medicines on time, resulting in them suspending the departmental accounts.
-

The department has worked with the major suppliers of medicines and reached an agreement to secure availability of supplies, as we manage the cash flow challenge through the integrated financial sustainability intervention.

## EMERGENCY MEDICAL SERVICES

### Provincialisation of EMS Services

Madam Speaker, the Emergency Medical Services (EMS) provides direct services to communities to alleviate distress and suffering. This function was previously run by local government subsidised by the provincial government. As part of consolidation and to align the delivery of Emergency Medical Care to statutory provisions or obligations, the Department has managed to relocate EMS from local government to be run by the provincial Department of Health. This process harmonised control and management of EMS in the province.

Madame Speaker, the province continues to provide resources to enhance EMS for the people of the Eastern Cape.

**Investment in EMS**

The Department has increased the ambulance fleet since 2015, with a significant increase in the number of 4x4 ambulance vehicles, so that we are better able to traverse the rural terrain – 42,5% of our four hundred and thirty-five (435) ambulance fleet in 2023/24 has 4x4 capability, with the balance being 4x2 panel van ambulances.

We have also almost doubled our response vehicles from seventy-seven (77) in 2015/16 to a total of one hundred and thirty-four **(134),** of which one hundred and twenty-eight **(128)** compared to eight back in 2015, are **4x4 response vehicles**. Again, our focus has been to promote access to EMS by our communities in rural locations.

Whilst we have expanded the fleet and our capability in rural areas, we acknowledge that the condition of our rural roads and the high utilisation of our vehicles daily, results in these vehicles getting damaged. We will be working with the Department of Transport to improve the long lead times by the Original Equipment Manufacturers (OEMs) so that our vehicles can be repaired and get back onto the roads in the shortest possible times.

We will also review where our bases are located, to ensure that they are nearest where the call volumes are coming from. The wide geographic spread of communities will also be considered in ensuring they have access to ambulance call outs.

We are working hard to ensure that the gains made since the dawn of democracy, with respect to access to emergency medical services, are realized and protected for citizens of the Eastern Cape.

This is why we must condemn, in the strongest possible terms, the targeting of EMS personnel and healthcare workers by thugs who have no regard for human lives. During the 6th administration, we saw a spike in the number of attacks on EMS personnel and other healthcare workers, across the province but especially in Nelson Mandela Bay.

Our ambulance crews are lured out, under the guise of calling for medical attention – only for them to be attacked, robbed, and our ambulances pelted with stones.

This leaves our dedicated and hardworking healthcare workers understandably traumatised. The department continues to provide counselling to affected staff, but this is treating the symptom and not the cause.

This is why we are calling on communities to protect healthcare workers against these ruthless criminals. When health workers are too traumatised to work, it is us, the communities that will suffer.

Let us ensure that those behind these heinous acts of criminality are brought to book, so that they can face the full might of the law.

**Improving efficiency and saving lives**

The EMS call centres receive over **a million calls annually** requesting ambulances. Of this number, 20% are categorized as priority 1, which means they are very critical; and any delay could lead to medical complications or loss of lives, in some cases. They receive urgent attention, even if received after other lower priority calls have been waiting in the queue.

We endeavour to get to the scene of the call in less than 30 minutes in urban areas and under 60 minutes in rural areas.

Over the past financial year, we have managed to achieve these target times in 55% of calls in urban areas and in 65% of these calls in rural areas, respectively. The major challenges include the state of the road infrastructure in rural areas and the impact of rains and other natural events on access to certain communities. Our sister department of transport is seized with this task of addressing the condition of our roads.

The next financial year will see further improvements in our response times to life threatening events. We are making improvements in our service by recruiting registered paramedics, especially for rural areas, within available budgets. This will ensure that highly skilled personnel are deployed to the scene quickly to stabilize complex emergency cases.

**Emergency Care Training**

The Eastern Cape College of Emergency Care (ECCOEC) continues to collaborate through its rescue programme with state organs such as South African Police Service (SAPS), Fire and the South African Air Force. The state-of-the-art facilities of our College, provide for the advanced needs of these organizations, ensuring their readiness as first-responders during disasters.

Following accreditation of the College by the American Heart Association (AHA), a total of thirty instructors across districts have been trained from this programme. These trainers, in turn, have trained over eight hundred **(800)** health professionals in basic life support.

All districts have also acquired training equipment. A logarithmic increase of health professionals trained in procedures for intervention during critical lifesaving moments, is thus anticipated.

The College accreditation as an American Health Association International Training Centre, has also paved the way for other provinces who were able to benchmark against us. Western Cape, Gauteng, and KZN are now accredited by the Association.

## ORTHOSES AND PROSTHESIS

Honourable Speaker, Orthoses and Prostheses is one of the programmes that changes the lives of many patients. The clients regain control of their lives and experience an improved quality of life. It is, however, one of the programmes that is constantly under pressure. No matter how many assistive devices we distribute, the need seems to be a moving target.

We have been observing an increase in the number of people seeking assistive devices, due to their level of disability. The increase is linked to the prevalence of non-communicable diseases including diabetes, as well as the cases of trauma and injury that lead to disability. We are appealing to motorists to drive responsibly on our roads because these have a ripple effect on the healthcare system in the long run.

The medical orthosis and prosthetic centres in East London, Gqeberha and Mthatha are progressively developed to respond to this health challenge in the province.

Five thousand, six hundred and ninety-seven **(5 697) patients** were provided orthoses and two hundred and seventy-six **(276)** patients fitted with prostheses in the past financial year.

The available resources far exceed the demand hence the Department is actively inviting partners in the corporate and non-government sectors to assist us in servicing more clients.

Over the medium term, the Department has plans to introduce the latest technology to orthotic and prosthetic services. These technologies include the use of a direct socket system that enables same day fabrication and fitting of a prosthesis.

This will reduce the waiting time for, and the level of effort involved in, the manufacturing of prosthesis.

Secondly, the department plans to introduce 3-D foot scan and milling, a digital machine that manufactures foot orthoses in 20 minutes. Currently the average waiting time for a foot orthosis is 4 weeks from the date when foot impressions have been taken.

This method enables patients to be fitted with devices on the same day of consultation and impression. The deployment of this remarkable technology will, in turn, improve customer satisfaction and also restore their dignity, assisting them to contribute actively to the economy of the province.

## INTEGRATED MEDICO-LEGAL STRATEGY

The settlement of medico-legal claims and contingent liabilities associated with medicolegal claims, is impacting the State's ability to provide quality services and threatens the financial liquidity of the EC Department of Health, and the EC province.

Many of these cases stem from as early as 2004 and have resulted in medicolegal settlements of over R4,5 billion since escalation of claims against the State, 2011/12 onwards. These lump sum payments are made from budgets originally allocated for other health services and led to increasing accruals and payables, year on year.

Government has responded to this challenge by implementing the integrated EC Medico-legal strategy. This aims to:

a) Halt the outflow of funds from the Department of Health through large upfront lump sum settlements
b) Strengthen administrative systems and the legal defence of current cases; and
c) Target clinical and forensic interventions that reduce the risk of future litigation.

Honourable Members, I will highlight notable progress of key elements of this strategy.

### The Public Health Defense and Undertaking to Pay: Landmark Griffiths Judgement

The Department brought a test case to prevail on the Courts that there be alternative ways, in law, of compensating a child, other than a massive, once off lump sum payment in settlement of medico-legal claims. On the 7th February 2023, Judge Griffiths handed down a landmark judgement advocating that the common law accommodates an undertaking to pay remedy, an important milestone for the sector.

The Court wisely ensures that the Rights of the child with cerebral palsy is protected whilst also protecting the Rights of all other citizens who depend on the public sector for healthcare. If the judgement stands, it will potentially benefit the entire public health sector. This is a landmark judgement, which would not have been possible without the collaboration and working relations between the Department, the Specialised Litigation Unit (SLU), the State Attorney and our Provincial Treasury, supported by the Executive Council.

Disbursements for historic claims against the State, in the past year, has been significantly reduced since the integrated medico-legal interventions, and new claims against the State have decreased significantly. The number of new claims in 2023/24 was one hundred ninety-two (**192**) as opposed to the peak of five hundred and fifty-five (553) claims against the State in 2017/2018 – a **65% reduction**.

Our teams are working to ensure that the Court orders following the Griffiths judgement, are diligently implemented. We are hopeful that the Supreme Court of Appeal will uphold this progressive change in the common law with respect to reparation of medico-legal settlements.

### Strengthening Administration of Claims: Health Information Systems

In addition to the coordinated legal defense of all claims, the Department has rolled out its in-house developed, web-based electronic health system, HMS2. The system includes the eLiability and ePaia modules so that facilities have live data pertaining to their medico-legal risk.

The Department has thus far rolled HMS2 out to forty hospitals, three EMS centres, and piloted the PHC module. The system has registered over five million patients; admitted more than one million patients to wards and processed over 2,3 million out-patients. We have trained over six thousand (6,000) healthcare workers on the system.

Since the project was initiated in September 2021, we have invested R53 million in Information Communication technology (ICT) infrastructure in fifty healthcare facilities, district offices and headquarters. This investment includes four hundred and ninety-eight (**498**) laptops, three thousand nine hundred and sixty-two (**3,962**) desktop computers, seven data centres to support our health systems, and the overhaul of the Local Area Networks for the fifty facilities.

Around R70 million savings have conservatively already been realized through this project because we own the intellectual property of the system and thus do not have to pay for licence fees nor for the development and upgrades of the system.

The value of the system has been recognized nationally, as the Free State has already rolled out the system to twelve of its hospitals; and other provinces have displayed similar interest.

Building on the gains of the landmark Griffiths judgement and the rollout of our innovative HMS2, the focus of the 7th administration will be on clinical interventions to improve patient safety, addressing the PAIA backlog, and safeguarding patient records.

## HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

Madame Speaker, over and above the health services mandate, the Department also bears the academic responsibility of teaching, training and research.

### Nelson Mandela – Fidel Castro Medical Programme

The Nelson Mandela – Fidel Castro (NMFC) Medical Programme was established in 1996, as part of various bilateral agreements between South Africa and the Republic of Cuba. The programme was developed to address the dearth of doctors in rural, peri–urban and informal settlements.

Since the inception of this programme, the province has funded a total of three hundred and fifty-one (**351**) doctors who successfully completed their studies in Cuba.

About two hundred and seventy-five (**275**) of these doctors are serving in the public service in the province and other provinces, with the difference in the private sector.

The emancipation of women forms the genesis of the ANC government transformation agenda to create a society where equality is mainstreamed. Out of the medical doctors trained in Cuba, one hundred and forty-nine (**149**) of these doctors are women.

**Medical Specialist Training**

Madam Speaker, some of the top performers who continued to raise the bar of our matric results, have gone on to qualify as healthcare workers. We are confident that our Tintswalo`s who come from previously disadvantaged backgrounds will continue to choose the field of medicine and health as a career path.

Abantwana abaphuma kwintsapho ezingathathi ntweni namhlanje zingo Gqirha abaphume izandla ngenxa yenkxaso kunye noqeqesho abalufumene kurhulumente okhokelwe ngumbutho we ANC.

Despite its rurality, the province continues to make strides in health science training, increasing the number of home-grown medical specialists. Since the commencement of specialist training from the year 2000 to 2023, a total of two hundred and ninety-three **(293)** medical specialists of various categories have been produced through our Registrar Training Programme at Walter Sisulu University.

These range from core specialties such as general surgery, anaesthesia, paediatrics, obstetrics and gynaecology, orthopaedics, family medicine, to sub-specialties such as paediatric oncology, cardiology, plastic surgery, intensivists, gastroenterology, child and adolescent psychiatry, and so on.

Whilst the challenge over the years has seen retention of these trained specialists, the Mthatha Academic Complex (which is Nelson Mandela Academic and Mthatha Regional hospitals), boasts a more than 95% retention rate.

Honourable Speaker, such successes are borne out of continued collaborations with institutions of higher learning through formal agreements. The department entered into memoranda of agreement with Walter Sisulu University and Nelson Mandela University for under-graduate and post-graduate trainings, clinical and public health research, and training programmes. This was done as a way of addressing strategic priorities of the ECDoH.

We are in the process of reviewing and repurposing similar agreements with Rhodes and the University of Fort Hare.

Furthermore, private nursing colleges like that of Netcare and Life Healthcare, place students in our hospitals and clinics to acquire practical clinical skills. These colleges have also been brought into active collaborative activities through Joint committees with all nursing education institutions in the province. This assists in improving student experience and also ensures better coordination of training on our clinical platform.

**Challenges of Accreditation**

Our province continues to be challenged by delays in the accreditation of academic institutions and programmes by Council for Higher Education (CHE) and the South African Qualifications Authority (SAQA). This affects our public colleges and universities alike - Nelson Mandela University (NMU), Walter Sisulu University (WSU), Lilitha Nursing College, and ECCOEC.

The delays put the production pipeline of certain critical health professional categories at risk. We will continue to engage with these bodies, supported by the national Department of Health.

### Youth Development Programmes

The Department prides itself with achievements made in the implementation of a variety of mandatory youth development programs, such the internship programme, learnerships, TVET experiential learners and artisan apprentices. All these are designed to expose young people to the world of work, by giving them work-integrated learning, whilst earning a stipend to alleviate financial difficulties experienced in various households. Over the last five years, no less than six thousand, eight hundred and thirty-three **(6 833)** young people have been placed in these training programmes, with a 60:40 preponderance towards women.

Between 2014/15 to 2023/24 period, the ECDOH supported two thousand and twenty-four **(2 024)** students in the local bursary programme. One thousand six hundred and twenty-two **(1 622)** successfully completed their studies and were employed in the public service.

## LEADERSHIP & HEALTHCARE WORKFORCE MANAGEMENT

Madam Speaker, we have an obligation that the Department of Health has a stable leadership and administration during the 7th Term. With the Executive Council intervention in the Department of Health, we commit to stabilise critical leadership positions like the Chief Financial Officer, Chief Executive Officers for all identified hospitals within six months.

As indicated above, the finalisation of the service delivery optimisation plan, is inherent to the finalisation of the departmental organogram and appointment of District leadership.

With the constrained fiscal space, the Department must prudently manage any inefficiencies within Cost of Employment. As a matter of urgency, the Department must conclude all matters related to Commuted Overtime and institutionalise coordination and the management of overtime in all areas.

Amongst the critical issues to be addressed, is to ensure we continue to improve the occupational health and safety, and conditions of service of our health workforce.

We will drive an organisational culture of performance excellence, underpinned by a caring philosophy, as a cornerstone of improved service delivery in 7th administration.

## PARTNERSHIPS AND COLLABORATIONS

One of the positive outcomes that emerged out of the COVID-19 pandemic was the close collaboration between government, business, civil society and communities as we all worked together towards the same goal.

During the 6th term of government, we emphasised that collaborations and strategic partnerships are the way to go. We are still saying that in this new term of government. We cannot work in silos.

Government cannot address all the challenges that is confronted with. We are grateful for all the support that we have been getting and we are confident that during the 7th term of administration, we will continue to work together so that we will be able to improve the quality of health and care for the people of the Eastern Cape.

We are inviting traditional leaders, the religious fraternity, traditional health practitioners, civil society, business and communities to come on board, so that we will be able to expand the areas where we work together to achieve better health outcomes.

We cannot do this without our partners. The support we have been getting from developmental partners, supporters and collaborators has been invaluable during our democracy.

## 2024/25 BUDGET AND PROGRAMME ALLOCATION

Honourable Speaker and Honourable members of this house, for the 2024/25 financial year, the department has been allocated Thirty Billion, One Hundred And Six Million, Eight Hundred And Forty-Three Rand (R30 106 843) which is broken down per programme and economic classification as reflected in table 1 below:

**Table 1: 2024/25 budget allocation by programme and economic classification**

| PROGRAMME | ALLOCATION R '000 |
|---|---|
| 1. Administration | 988 331 |
| 2. District Health Services | 15 568 003 |
| 3. Emergency Medical Services | 1 562 632 |
| 4. Provincial Hospital Services | 4 231 168 |
| 5. Central Hospital Services | 5 036 282 |
| 6. Health Sciences and Training | 1 165 111 |
| 7. Health Care Support Services | 248 787 |
| 8. Health Facilities Management | 1 306 528 |
| TOTAL | 30 106 843 |
| **Economic Classification** | **ALLOCATION R'000** |
| Compensation of Employees | 20 011 717 |
| Goods and Services | 8 156 671 |
| Transfer and Subsidies | 352 565 |
| Payments of Capital Assets | 1 585 889 |
| TOTAL | 30 106 843 |

## CONCLUSION

Honourable Speaker, our purpose is anchored in serving with great love. In the ANC there are no great things, only small things with great love, paraphrasing Mother Teresa.

We are humbled and encouraged by the philanthropic work of our strategic partners. There are so many partners, and I risk offending those I may inadvertently not mention below, but it would equally be remiss to not highlight amongst our partners, in no particular order, the following:

The SA Council for the Blind, Dr Viwe Nogaga Foundation, Operation Smile, The Smile Foundation, The Church of Jesus Christ of Latter-Day Saints, Doctors Without Borders, Cookhouse Windfarm Community Trust, DG Murray Trust; Gift of The Givers, PEPFAR through CDC and USAID, Clinton Health Access

Initiative, Treatment Action Campaign, TB/HIV Care Association; Aquity Innovation; United Nations Population Fund (UNFPA); One on One; AIDS Healthcare Foundation; MATCH; UNICEF; keReady; Harmony Gold, SAMANCOR Holdings, Beyond Zero, Right To Care, Aurum, EC Aids Council, our Medical Universities; all other NGOs, business, developmental partners, traditional leaders, faith-based organisations, non-governmental organization, civil society and communities at large; and our sister Departments, Siyabulela kakhulu Mawethu.

We know that to govern needs resilience, courage and good intentions. When we falter, we shall stand up sizivuthulule siqhubekeke nomzabalazo wokuguqula impilo nobomi babantu bethu.

We continue to draw our inspiration from the late 1st President of the democratic South Africa, Dr. Rholihlahla Mandela when he said, "do not judge me by my success, judge me by how many times I fell down and got back up again." We have toiled and sometimes faltered in the process of execution. But upon reflection, there are good stories to tell.

We are telling no lies, and claiming no victories in the telling of our story, serving the Mpuma Kapa population I want to acknowledge my immediate predecessor Honourable MEC Meth and all MECs that have come before her – MEC Trudy Thomas, MEC Bevan Goqwana, MEC Gqobana, MEC Masualle, MEC Jajula, MEC Dyanti, MEC Sauls-August, MEC Gomba, and MEC Nqatha. Their stewardship, oversight and political leadership throughout our transformation journey is commendable and deeply appreciated.

To all the employees of the Department of Health and organised labour, I want to extend my sincere gratitude for their hard work, dedication, resilience and diligence.

I am also thankful to the Acting Heads of Department, Ms Gede and now Ms. Miyakazi Nokwe, as well as the leadership collective for their hard work and commitment in compiling the inputs for the Annual Performance Plans, Operational Plans, Service Delivery Improvement Plans and Budget policy.

I opened this policy speech address with the theme "We Care – Siyakhathala." This is the ethos that must be infused in all that we do in the year ahead.

I want to close with the wise words of Florence Nightinglae:

"I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results".

Honourable Speaker, with these last words, I hereby present and table the Eastern Cape Department of Health Budget allocations, Annual Performance Plan, Operational Plan and Service Delivery Improvement Plan for 2024/25 financial year for consideration and approval by this august house of the people.

Somlomo obekekileyo, ndivumele ndithi – zisina zidedelana.

Maz` enethole/Ndiyabulela

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