

## **Budget Speech Vote: 7 for the Department of Health 2018/19**

**Delivered by: Limpopo Department of Health MEC, Dr Phophi Ramathuba  
at the Provincial Legislature, Lebowakgomo, 10th April 2018**

Hon Speaker and Deputy Speaker

Hon. Premier Chupu Stanley Mathabatha

Hon. Members of the Executive Council (MEC's)

Hon. Chief Whip and Chair of chairs

The Chairperson of the Portfolio Committee Hon Mtileni

Leader of the opposition

Hon. Members of the Provincial Legislature (MPLs)

Executive Mayors and Mayors

Leadership of the ruling party, the African National Congress, Leadership of  
SACP, Alliance Partners

Director-General of the province

HOD for Health and All HODs

Executive Management of the Department and all healthcare workers

Stalwarts and Veterans of our Movement

Esteemed Majesties

Traditional Health Practitioners

Leaders of Religious Organizations

Leadership of the Trade Union Movement

Representatives of the Non-governmental Organizations

Friends, family and colleagues

Members of the Media

Ladies and gentlemen



Ndi matsheloni, avuxeni, thobela, goeie more, silotjhile, good morning

Honourable Speaker, 25 years ago the people of South Africa and Communists were robbed of our leader the General Secretary of the South African Communist Party. Cde Chris Martin Thembisile Hani was passionate about uplifting the social standard of the poor.

Cde Chris, a revolutionary, a soldier and a communist to the end defined socialism as: *“Socialism is not about big concepts and heavy theory. Socialism is about decent shelter for those who are homeless. It is about water for those who have no safe drinking water. It is about health care, it is about a life dignity for the old. It is about overcoming the huge divide between urban and rural areas. It is about decent education for all our people”*.

Ardently the ANC-led government in ensuring that the ideals which Cde Chris lived and died for are realized, resolved on health and education as our key priorities as enshrined in the Constitution of the Republic of South Africa as basic human rights.

We should therefore, in his memory, ensure that the National Health Insurance becomes a reality in our lifetime.

Last week we were dealt a devastating blow when the Mother of the Nation, social worker and self-trained nurse, passed on. Mama Winnie Madikizela-Mandela will be remembered for her militancy, courage and defiance that kept the struggle against apartheid alive. When she was banished and confined under house arrest in Brandfort, Free State, amongst the programs she initiated were building a crèche and a mobile clinic. This is a firm indication that our leaders were very clear during the struggle that education and health must become key social priorities in the democratic South Africa as it is to this day.

Just as Cde Chris, Mama Winnie was not only a gallant freedom fighter, but a trailblazer. She became the first black professional social worker to serve the people of Soweto at Chris Hani Baragwanath hospital. May her soul rest in peace.



Honourable Speaker, it is about time that we accelerate our forward march towards fundamental transformation of the public healthcare system- both as our constitutional duty and need to meet the expectations of the people of Limpopo.

It is about time that the dreams of all our revolutionaries who came before us of delivering quality healthcare services to our people become a reality. It is about time that the size of your pocket does not dictate access to quality healthcare.

### **Maternal, Woman, Child, Youth and Adolescent Health Services**

Key amongst the health outcome indicators is the daunting challenge of maternal and under-five mortality.

Honourable Speaker, last year we made a commitment during our budget speech that the contradiction of a woman dying while giving birth must come to an end. We are proud to announce that in this year of Mama Albertina Sisulu a professional nurse and a midwife, we have made strides in reducing maternal mortality.

According to the District Health Information, institutional maternal mortality ratio has decreased from 130/100 000 live births in 2016/17 Financial Year to 111/100 000 live births in 2017/18 Financial Year, coming from 182 / 100 000 live birth in 2014/15 Financial Year.

Whilst this represents progress, we are however far from being satisfied, hence further efforts are in progress to reduce institutional maternal mortality ratio as indicated in the Sustainable Development Goals. To this end the department has initiated a project called MOTHER AND CHILD CENTRE OF EXCELLENCE in each district. Honourable Premier, it is about time that all of us as a Government and society beyond political affiliations, rally behind this project. The Mother and Child Centre of Excellence must succeed. Mother and Child Mortality must fall, it is about time!

Honourable Speaker, in our mist today we have one of our specialists Dr Muavha, who sent us a touching letter which I quote: *“Dear Dr. Phophi Ramathuba, I would like to thank you for your visionary leadership, just like an eagle's eye your*

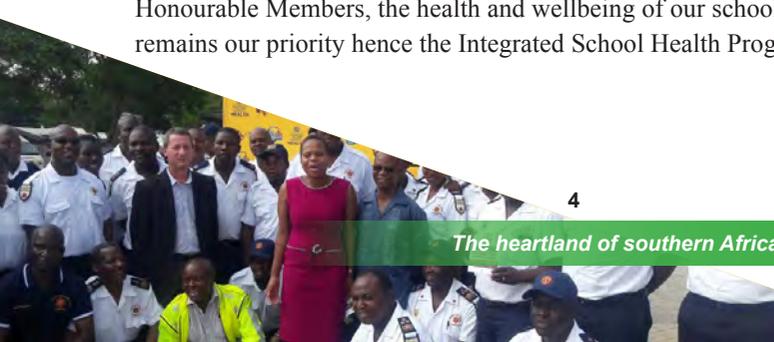


*ability to see the future is exemplary. Under your ascendancy, we have seen a radical reconstruction of health systems in Limpopo starting from a solid foundation of realizing our own medical school in Limpopo in our lifetime, to equipping hospitals with specialists and sub-specialists. My name is Dr. Dakalo Muavha, a beneficiary of your visionary leadership, doing sub-specialist training in Urogynaecology at the University of Cape Town. We are planning to kick-start the process with a Urogynecology workshop to be held in Mankweng hospital on the 5th, 6th, 7th September 2018 where we will have also international Urogynaecologists and UCT Urogynaecology team led by Dr. Stephen Jeffery operating on pre-selected patients with Urogynaecology problems. Just like many South Africans, I was also inspired by our new president of the Republic, Mr. Matamela Ramaphosa when he quotes Bra Hugh Masekela saying "Thuma mina". I also want to be there for the "victims" of urinary incontinence and pelvic organ prolapse in my home province. I will be very happy if you may please help me to make it happen". We still maintain that: "No woman should die while giving birth, their reproductive health will be taken of".*

Dr Muavha is one of those young doctors we have taken to other provinces to equip them with skills. He is expected to join the likes of Drs Mangena, Netshituni and many others in making sure that referring patients to Gauteng hospitals gradually becomes history.

Honourable Speaker, severe Acute Malnutrition case fatality rate has declined from 8.3% in 2016/17 F/Y to 5% in 2017/18 F/Y. This is attributed to the fact that as a department we are implementing a program called Intergraded Management of Childhood Illnesses (IMCI) in all our Primary Health Care Facilities. We have during the previous financial year trained 91 professional nurses in IMCI and 40 in Emergency Triage and Treatment of children. We are however worried by the fact that in the year 2018 we still have children dying of malnutrition despite all government programs including child support grant, social relieve of distress grant, "fetsa tlala" and school nutrition program. We will continue to work with our sister departments within the Social Cluster to eradicate malnutrition. It is about time!

Honourable Members, the health and wellbeing of our school going children remains our priority hence the Integrated School Health Programme. We have





## Communicable Diseases

### HIV and AIDS

Honourable Speaker, 2018 has been declared the year of our first democratically elected president who would have been 100 years. In his own words, President Nelson Rolihlahla Tata Madiba had this to say about HIV and AIDS;

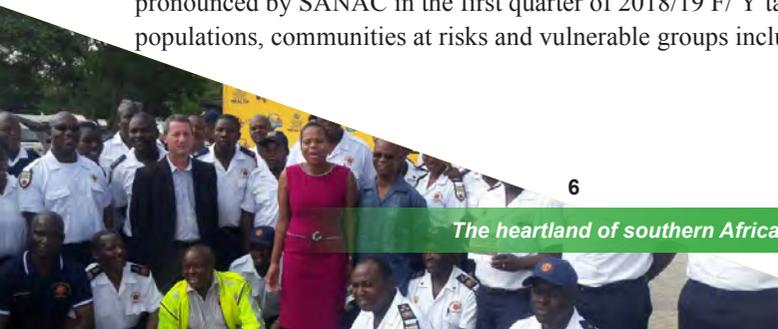
*"Let us give publicity to HIV-AIDS and not hide it, because the only way to make it appear like a normal illness, like TB, like cancer, is always to come out and to say somebody has died because of HIV. Aids today in Africa is claiming more lives than the sum total of all wars, famines and floods and the ravages of such deadly diseases as malaria ... We must act now for the sake of the world ... Aids is no longer a disease, it is a human rights issue."*

Honourable Premier, President Mandela the AIDS activist, who walked the talk when it was not fashionable to talk about AIDS within your family shared with the world that his only son died of HIV/AIDS complications. He would have been proud that we are gradually winning the battle against HIV and AIDS especially its de-stigmatization and exposure.

Honorable Speaker, in honor of Madiba Limpopo AIDS Council continue to function properly albeit the challenges in other districts which are receiving attention. We are proud to announce that Capricorn and Vhembe Districts have launched their AIDS Councils. Capricorn has further launched all its local municipalities' AIDS councils. We will continue to support all our municipalities through Limpopo AIDS Council as led by the Premier himself including ward AIDS councils.

Tata Madiba would have been proud that in his centenary year we have already reached 1 242 111 clients for HIV testing in the third quarter against the annual target of 1 024 546. For the 2018/19 F/ Y we have increased our target to 1 351 938.

Honourable Members, as we continue to honor Tata Madiba we will launch the second round of HIV Testing Services (HTS) Revitalization Campaign as pronounced by SANAC in the first quarter of 2018/19 F/ Y targeting key populations, communities at risks and vulnerable groups including those with non-



communicable diseases. Our major focus will be on the hard to reach areas such as farming areas in order to realize our 90-90-90 strategy.

Honorable Speaker, Madiba's dream of an HIV free generation is within reach. By the third quarter we had already reduced mother to child HIV transmission from our annual target of 1.1% to 0.7%.

This means that 99.3 percent of babies born to HIV positive mothers are HIV negative. This calls for a celebration. These children would not be subjected to anti-retroviral for life. We will continue to draw lessons from the people of Cuba to make sure the remaining 0.7 percent equally becomes negative. It is about time! Ke nako!

The use of adherence clubs has yielded results in making sure that patients remain on treatment. To date 319 174 clients remain on ART against a target of 317 551 in the third quarter. It pleases us to announce that we have partnered with private entities like Exxaro, ZZZ and our two universities which we have formally licensed to provide ARVs despite being non-medical sites.

Honorable Speaker, we are proud to announce that we have established eleven clinics at all our TVET sites focusing not just on HIV/AIDS but also reproductive health for the girl child in line with SHE CONQUERS Campaign. All these partnerships are proving successful in increasing accessibility to ARTs. We call upon other companies to join in this campaign. Without a healthy work force we will never grow our economy, create new jobs and attract new investments. After all, the time for good corporate citizenship is now. Ndi tshifhinga!

Honourable house, the efforts to intensify STIs case finding has yielded good results. We have distributed 73 350 800 male condoms and 2 685 677 female condoms by the third quarter. We managed to medically circumcise 48 959 males against the annual target of 36 910 in the third quarter. We are calling upon all uncircumcised men to take advantage of this free service. #Foreskin must fall. It is about time.

Honorable Speaker we have launched the Pre-Exposure Prophylaxis (PrEP) for HIV negative clients that are at high risk (i.e. sex workers, men having sex with men, discordant couples) and vulnerable (i.e. adolescent girls and young woman).



Honorable members, government is hard at work in introducing programs towards eradicating HIV and AIDS within our communities.

However, the onus still lies with each one of us. Launching of these programs must never be mistaken for taking away our basic and key campaign of ABC, Abstain, Be Faithful and Condomise. Now is the time to end HIV and AIDS. Ixheshla li fikile!

Honourable Speaker, we welcome the increase of comprehensive HIV and AIDS grant by R226 million to R1.6 billion for the 2018/19 F/ Y, a 16.4 percent increase.

### **TB Control**

Honourable Members, we are happy to report to this august house that TB screening has improved in all our districts. We managed to improve TB screening services to at least 84.8% (10 530 399/ 12 403 811) against a total target of 80% in all PHC facilities.

A total of 214 171 TB suspects have been identified and 200 191 suspects for TB have been tested giving us 93.4% testing rate which is more than our target for the 90-90-90 Strategy.

Honorable members, you will be pleased to know that there has been a decline in the number of TB cases from 18 623 in 2014, 17 425 in 2015, 15 559 in 2016 and 14 374 in 2017. GeneXpert Ultra Catridge to assist in early diagnosis of TB in HIV positive clients has been introduced in all our facilities

We have also introduced the FAST (Finding TB cases Actively, Separating safely, Treating (effectively) Strategy in all hospitals within the province. This is aimed at protecting both staff and other patients from being infected by TB.

Honorable Speaker, the number of MDR TB decentralized sites have been increased from 12 to 22 active sites in 2017/2018 F/Y. This will assist in increasing access to MDR TB treatment and reduce number of defaulters since patients will be managed at a facility nearer their homes. For this F/ Y we plan to increase our MDR TB decentralized sites to 30. It is our honor to announce that the



first provincial MDR TB hospital has been finally gazetted as Modimolle MDR TB.

Honorable Members, TB is curable, President Nelson Mandela was once infected with TB, but because he complied with treatment he was cured.

In his honor we have budgeted **R42 million** towards TB program. It is time that our people take advantage of these resources, get screened, and take treatment at no cost to them. TB must end. Ke nako! Dis tyd!

## **Malaria**

Honourable Speaker, whilst we appreciated good rains in the midst of a devastating drought, it has unfortunately resulted in malaria upsurge in 2017. The unusual climatic conditions, travellers mosquitos or so called “Suitcase malaria” has resulted in the upsurge wherein even areas which historically were never malaria-endemic, eg Sekhukhune and Waterberg found themselves having to deal with malaria cases. This unusual situation necessitated for an additional R11,8 million in the 2017/18 F/Y to procure chemicals, treatment, malaria tests and to employ 342 seasonal spray workers.

The indoor residual spraying target was increased from 521 142 to 791 029 structures to be sprayed in 2017/18 F/Y. This target was surpassed with 964,138 structures sprayed during the last financial year.

Honourable Speaker, we call on our communities not to prevent our officials from accessing their properties to spray and destroy the mosquito and larvae. We would like to assure our people that the usage of DDT has been proven to be safe.

Honourable Speaker, an amount of R96.7 million has been provided to prevent and control malaria in the affected areas of our province.



## **Animal bites**

Honourable Speaker, we are once again proud to announce that our collaboration with the Department of Agriculture in vaccinating our dogs against rabies and educating communities about rabies has borne fruits. In 2016, a total of 9 228 people were provided with post exposure prophylaxis after having been bitten by animals, and in 2017 a total of 9 751 were also treated to prevent them from human rabies. It is time to end Rabies.

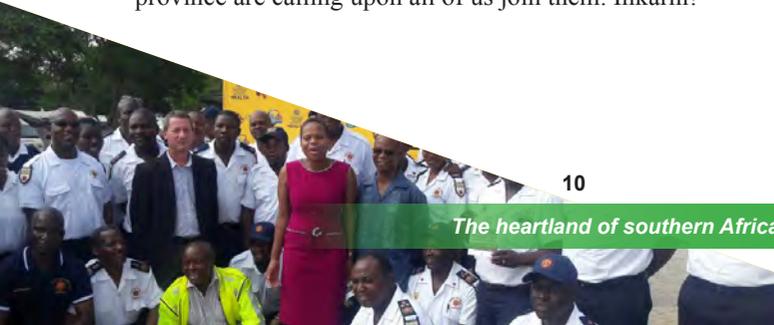
## **Non-Communicable Diseases (NCD) and Diseases of Lifestyle**

Honourable Members, Non communicable diseases (NCD) and their risk factors continue to threaten the health of our people. These are conditions that can be prevented.

Honourable Speaker, we will continue to encourage people to live an active life. Our first citizen, President Matamela Cyril Ramaphosa has taken a lead in making sure that we become physically active citizens. He equally made a call that all of us must join him in his quest towards a healthy nation.

Honourable Speaker, in our midst we have one of our coaches Dr Tsholo Tsiane, a 34 week pregnant who runs not less than 10km daily despite her condition. We congratulate the citizens of Limpopo who have taken a decision to do different exercises. These exercises can help in reducing the R85 million budget spent on drugs monthly for Diseases of Lifestyle. These exercises can help in reducing the money we spend on amputating limbs, the money we spend on renal dialysis, the money we spend on cardiac bypass. This is the money that could be re- directed towards other services like building of schools, roads, growing economy and creating new jobs. We can only achieve that if we are healthy. Unfortunately, because of our lifestyle, government has to spend more resources on delivering healthcare services.

Honourable Members, if coach Tsholo can run in her condition, why can't we? #Mokhavha must fall. Coach Tsholo and many other running clubs throughout our province are calling upon all of us to join them. Inkarhi!



Honourable Speaker, our fight against blindness from citizens of different ages is bearing fruits. We have performed 2 890 cataract surgeries in the third quarter of the 2017/18 F/Y, surpassing our target of 1 752. We are however not satisfied as our backlog remains high. Using “letsema” we shall engage the services of private and public ophthalmologists to assist us in reducing the backlog.

## **Injuries**

Honourable Members, it is still regrettable that we are experiencing fatal injuries through motor vehicle accidents, suicide, homicides and others.

According to STATS SA an estimated 4 903 people (10% of total deaths) in this province lose their lives every year due to injuries and violence.

Honourable Speaker, the high number of accidents during peak traffic periods on our roads, most require our services, thereby consuming much needed resources that could have been redirected elsewhere. We will continue to work together with the Department of Transport and SAPS in reducing these fatalities.

Honourable Members, it is our pleasure to report to this house that through the assistance of specialists from Gauteng and Free State led by Professor Matshidze we managed to reduce the orthopedic backlogs. We conducted eight outreach services and performed 243 orthopedic operations at Tshilidzini, Letaba and Mokopane hospitals respectively. It must be noted that these specialists who are rare species perform these operations utilizing their own time at no cost to government. We call upon all other disciplines to join this “letsema.” Tshifhinga tsha uri vhadzulapo vha Ha-Tshikundamalema vha sa holefhale nga murahu ha fuvhalo nga nwambo ya thahalelo ya dzilafho la muaro tsho swika.



## District Healthcare Services

Honourable Members, our ambition to continue increasing 24 hours services in our clinics is being unfortunately hampered by criminal elements disarming security officers and attacking our nurses. We call upon Honourable Members, traditional leaders, community leaders and the community of Limpopo, to be like the Modjadji Royal House, SANCO and other community formations for mobilizing the communities in their area to protect their clinics against these criminals. Following these interventions the closed clinics have now been reopened for 24 hours.

Honorable members, the President of the country Cyril Ramaphosa in his State of the Nation Address said: “The time has now arrived to finally implement universal health coverage through the National Health Insurance. Certain NHI projects targeting the most vulnerable people in society will commence in April this year”.

Through the National Health Insurance initiative, we continue to implement the Ideal Clinic Realization and Maintenance Program, hence an increase in the number of clinics that have reached the Ideal Clinic status from 42 in 2016/17 to 148 in 2017/18 F/Y.

Honourable Speaker, strengthening the District Health Services (Primary Healthcare) and district hospital delivery systems: **R10.5 billion**. This is 54% of the total budget of the department. The budget of this priority grows by an average of 5.3% over the next years.



## Emergency Medical Services (EMS)

Honourable Speaker, since the 5<sup>th</sup> administration came into office our focus has been to address the backlogs of EMS vehicles. To date, we have procured a total of 250 vehicles. We have recently delivered 50 of which 4 are for MDR TB services and 10 Planned Patient Transport. Our concern is that only 227 are on the road as a result of theft, hijack, vandalism, motor vehicle accidents and damages by communities during protests. In response to that we have successfully introduced systems for fleet management as promised namely; the Push-to Talk communication system in all control centers and ambulances. We are currently installing active vehicle tracking in all EMS vehicles. This should improve our ability to render emergency services efficiently- but equally we are calling upon communities to protect these properties since they are theirs and are meant to save their lives.

Our focus for the 2018/19 Financial Year is to equip those ambulances with skilled personnel and equipment. Out of the total 2024 EMS personnel, only 26 are advanced life supporters, 1200 are basic ambulance assistants within our system of which the Health Professional Council has discontinued. We have started a process of upgrading them. 5 BAAs have been taken to school for a Bachelor of Health Science in Emergency Care in other provinces. Another 5 BAAs will be taken to school this financial year. We are proud to announce that our EMS College is ready to provide training for the intermediate life support course. The HPCSA will be visiting us on the 18<sup>th</sup> and 19<sup>th</sup> of April for final assessment and accreditation. At the end of this exercise, all our qualifying BAAs will be trained as either intermediate life supporters or advanced life supporters.

SETA funding has also been secured for this purpose, and also we are twinning with University of Limpopo, Mpumalanga EMS College for some of these training in order to catch up with these numbers.

To this end we have put aside an amount of **R736 million** for the running of Emergency Medical Services in the province. The time to meet EMS response time is now. Ke nako!



## **Pharmaceutical Services**

Honourable Members, the introduction of systems like Stock Visibility Systems (SVS) and Intender has resulted in the improvement of medicine availability. We are at an advanced stage of overhauling the Provincial Depot warehouse management system.

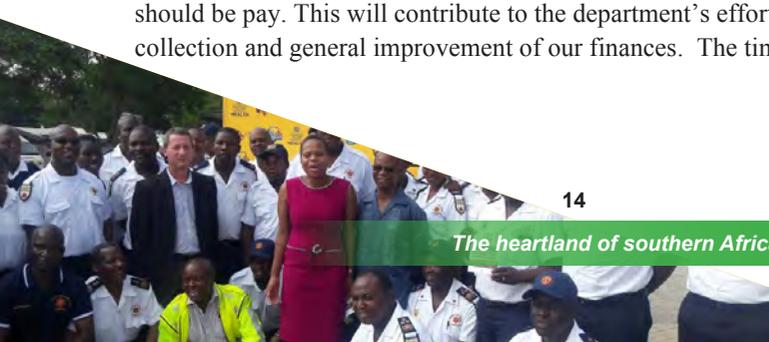
Honourable Speaker, in order to improve the stock level at our clinics, health centers and hospitals, medicine allocation has been increased by 17% to R1.6 billion. This includes amount of R635 million for the provision of Antiretroviral drugs to HIV positive patients and new intake, and R205 million for Vaccines to reduce infant and child mortality. Nako e fihlile ya gore bokoko ge ba etela dikliniki ba se ka fiwa panado fela, as if ke yona ya go alafa malwetsi ka moka.

## **Health Technology**

During the 2017/18 financial year we have procured equipment amounting to R12 Million for PHC towards realizing the ideal clinic initiative. A further R28 Million was utilized for upgrading of essential medical equipment for regional and district hospitals. During this financial year we will finalize contracts to optimize the delivery of x-ray services at all levels of care.

Honourable Speaker, as pronounced by the Premier Chupu Stanely Mathabatha, we are hard at work in the process of improving our IT hardware infrastructure as well as broadband connectivity. It pleases us to announce that all our Primary Health Care facilities are at a 100% broadband access while work is underway to ensure that the rest of our facilities will in the coming few months be experiencing improved internet availability and speed. It is time that we eradicate the chronic challenge of files with patient information being lost which is key towards sustainability of their stable conditions.

We are now implementing an Electronic Data Interchange and Patients Verification System that would enable the department to verify the eligibility of patients to access the indigent payment waiver scheme so that those who must pay should be pay. This will contribute to the department's effort to enhance revenue collection and general improvement of our finances. The time is now!



Absenteeism and leave management is a serious challenge as raised by the Auditor General. Professionals like medical doctors who refuse to sign attendance registers contribute to this negative audit queries. It is against this background that together with Treasury we are procuring a workforce management system that will assist us in managing staff attendance at work, staff planning and scheduling. This will contribute tremendously to the management of overtime of all kinds, leave of all kinds and thereby help improve our finances, while also improving the level and quality of services. It is time for the state to get value for money from all its workers.

## Human Resources

Honourable Members, guided by Ernesto Che Guevara when he said: *“We must carry the war into every corner the enemy happens to carry it: to his home, to his centers of entertainment; a total war. It is necessary to prevent him from having a moment of peace, a quiet moment outside his barracks or even inside; we must attack him wherever he may be, make him feel like a cornered beast wherever he may move”*. Our enemy honorable members is the burden of diseases which are found within our communities and our facilities at all levels of care. It is on that note that we have successfully launched #Office Must Fall Campaign at Letaba Hospital yesterday. The campaign will see all our Executive Managers starting with the accounting officer leaving the comfort of their air- conditioned and well-furnished offices to be where the enemy is. The enemy is neither at Fidel Castro House nor district offices, hence #office must fall. It is time that our managers pick up challenges in our facilities not journalists. It is time that our managers pick up challenges in our hospitals and clinics and fix them not political parties. It is time that our HOD must discover these shortfalls not patients or the Human Rights Commission. Ke nako!

We have embarked on a restructuring and rationalization project which has seen a reduction of Executive Management positions. Since the enemy is not in the offices, we are investing human resources where the enemy is- where they are needed most. Our DDG positions have been reduced from 6 to 4. Chief Directors are following so are Directors and others. For an example, at the district level we



will remain with only 2 directors instead of 6. The process of engaging with warm bodies on their redeployment to where they are needed most, where the enemy is, has commenced. This work will result in all our hospitals by the end of second quarter to be fully equipped with management to deal with the enemy. The time is now!

The recruitment processes to finally appoint the core support personnel in dealing with the enemy has begun. The following categories of posts, namely; 1 071 ward attendants, 23 cleaners and 368 grounds- men have been advertised.

Honorable members, we made a commitment that we will in source all our kitchen and we are proud to announce that all our kitchens are now insourced, creating in that process 119 decent jobs for our unemployed young food service aid practitioner graduates.

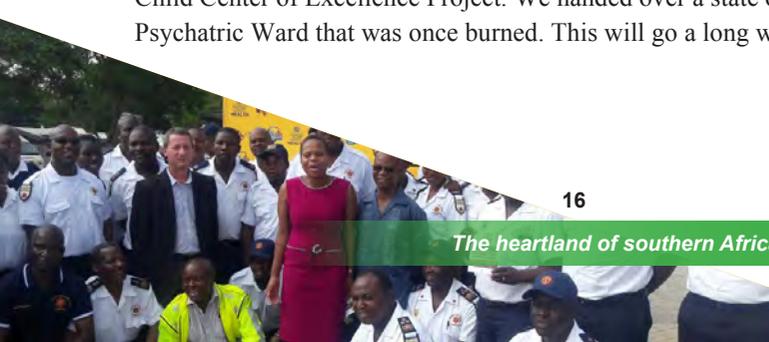
### **Health Infrastructure**

Honourable Speaker, in his state of the province address, the Premier committed us to insource all our laundries as we did with our kitchens. This will result in us once again creating more decent jobs and reducing temptations of corruption through tender system.

Honorable Speaker, the time for focusing on rendering health care services instead of tender care services is now. A total of nine laundries are at an advanced stage to be completed during the 2018/19 F/ Y.

We have completed 10 new state of the art clinics, we have upgraded 10 clinics, we have constructed three new EMS stations including the EMS provincial offices in Polokwane, we have completed malaria control units at Witpoort and Makuya clinic, malaria control head office in Tzaneen, 50 bedroomed staff accommodation at five hospitals, including upgrading of mortuaries and other health infrastructure.

We have also completed neo-natal infrastructure projects at Tshilidzini, Pietersburg, Mokopane, Nkhensani and Elim Hospitals in line with our Mother and Child Center of Excellence Project. We handed over a state of the art Letaba Psychiatric Ward that was once burned. This will go a long way in restoring the



rights and dignity of mental health care users. We are however worried by family members who dump their relatives in our facilities and reject them even upon discharge just because they are mental health care users.

We have also upgraded the electricity system at Ellisras, Philadelphia, Pietersburg, St. Ritas and WF Knobel Hospitals. A total number of 23 health facilities have undergone major and minor refurbishment in the National Health Insurance (NHI) Pilot District, while 18 health facilities have undergone major and minor refurbishment outside NHI Pilot District.

Honourable Speaker, an amount of R537 million has been allocated to health facilities revitalization program. This allocation will be used mainly for hospital revitalization program and completion of projects which are already underway

Now is the time to focus on maintenance of all our building instead of building new structures while our existing infrastructures deteriorate to a level where you can't maintain anymore.



## **BUDGET SPEECH: 2018/19 – BUDGET BREAKDOWN: VOTE 07: HEALTH**

The 2018/19 overall budget for Health vote has increased by 8.1% from the 2017/18 Main Appropriation and by 4.9% from the Adjusted Appropriation. Equitable share grows by 3.8%, and 12.3% on conditional grants from the 2017/18 adjusted allocation. In monetary terms, the total budget indicates a growth from R18.6 billion this financial year to R19.5 billion in 2018/19. The allocation grows by an average of 5.5% over the Medium Term Expenditure Framework.

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

- Strengthening District Health Services (Primary Healthcare) and district hospital delivery systems: R10.5 billion. This is 54% of the total budget of the department. The budget of this priority grows by an average of 5.3% over the next years.
- R2.5 billion has been allocated for Regional and Psychiatric hospitals.
- An amount of R68 million has been allocated towards the support of our home-based Carers. These are our cadres who are in the frontline of our battle field as we confront the enemy- the diseases within our communities.

These are our cadres who walk barefooted from one household to another cleaning, bathing, feeding our patients. These are our cadres who have made sure that the victory against HIV and AIDS is about to realized. These are our cadres who have long raised their hands and said, “THUMA MINA!” Our cadres who despite being exploited, robbed of their stipends and uniforms, continue to serve our people. Our “THUMA MINA” brigade, now is the time to end your exploitation by Non-Profit Organizations.

The department is targeting to collect R168 million in the 2018/19 financial year. This is 8% reduction from the current target of R182 million which is attributed to the increased number of patients that qualifies for subsidy. We will put more efforts to achieve this target as we are aware that this will contribute to the funding of the health services in the province.



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

Honourable Members, let me thank the Honourable Premier Chupu Stan Mathabatha for his guidance and colleagues in the Executive Council for rallying behind us.

Compliments should also go to the supportive Chairperson of the Portfolio Committee Honourable Goodman Mtileni and his team for providing guidance and oversight to the department.

Let me thank the Head of the Department Dr Kgaphole and his generals, foot soldiers within the department from the men in blue at the gate to the men at the mortuary.

I salute my friends, comrades and members of the African National Congress, the South African Communist Party, the Alliance and the entire Mass Democratic Movement for their support and guidance. I want to further thank my siblings for the unwavering support they gave me throughout. To my mom I say Tshiongwe , Uri u a longwa muhwe !Mufamadi Vhe mashau luvuvhu ha weli nga u shavha u tsuka milenzhe! Wa thanga ya ludo I shengwaho nga vha mano vha sina mano vha fhorotshedza . Duhulu la Masingo a Rasikhuthuma. Ene wa Balanganani na Nyamukamadi.

Ndo livhuwa , AAAAAAAAAAAAA!!!!!!!!!!!!!!!!!!!!!!

Honourable Speaker, I therefore present to the august House the budget for Health-Vote 7, for the 2018/19 financial year to the value of R19.5billion, which consists of R16.6 billion equitable share, R2.7 billion conditional grants and R168million own revenue.



## SUMMARY OF THE 2018/19 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07

Departmental funding source	Adjusted appropriation	Medium-term estimates		
	2017/18	2018/19	2019/20	2020/21
	R'000	R'000	R'000	R'000
Equitable share	16 000 477	16 622 403	17 526 146	18 459 492
Conditional grants	2 422 566	2 720 840	2 810 771	3 065 326
Departmental receipts	182 996	168 177	177 672	216 205
<b>Total receipts</b>	<b>18 606 039</b>	<b>19 511 420</b>	<b>20 514 589</b>	<b>21 741 023</b>

Summary per programme	Adjusted appropriation	Medium-term estimates		
	2017/18	2018/19	2019/20	2020/21
	R'000	R'000	R'000	R'000
1. Administration	308 541	308 533	324 595	342 446
2. District Health Services	11 938 062	12 548 883	13 277 140	14 069 900
3. Emergency Medical Services	733 879	735 863	768 788	811 070
4. Provincial Hospital Services	2 420 208	2 537 298	2 663 074	2 809 543
5. Central Hospital Services	1 784 867	1 838 220	1 970 134	2 104 911
6. Health Sciences And Training	611 538	671 825	705 588	752 549
7. Health Care Support Services	146 772	141 521	146 021	153 903
8. Health Facilities Management	662 172	729 277	659 249	696 701
<b>Total</b>	<b>18 606 039</b>	<b>19 511 420</b>	<b>20 514 589</b>	<b>21 741 023</b>



<b>Economic Classification</b>				
Compensation of employees	13 024 159	14 257 472	15 214 179	16 203 150
Goods and services	4 247 644	4 056 727	4 061 555	4 271 934
Provinces and municipalities	25 253	15 619	591	623
Departmental agencies and accounts	39 301	15 112	15 847	16 719
Non-profit institutions	415 426	380 367	406 290	420 794
Households	262 542	238 105	241 779	245 206
Buildings and other fixed structures	184 609	357 494	358 550	358 550
Machinery and equipment	407 105	190 524	215 798	224 047
Software and Other tangible assets	–	–	–	–
<b>Total</b>	<b>18 606 039</b>	<b>19 511 420</b>	<b>20 514 589</b>	<b>21 741 023</b>







