

BUDGET SPEECH VOTE 7 FOR THE DEPARTMENT OF HEALTH  
2020/21.

SPEECH DELIVERED BY LIMPOPO HEALTH MEC, DR PHOPHI  
RAMATHUBA AT THE LIMPOPO PROVINCIAL LEGISLATURE,  
LEBOWAKGOMO, 07 MAY 2020.

Hon. Speaker and Deputy Speaker;

Hon. Premier Chupu Stanley Mathabatha;

Colleagues in the Executive Council;

Hon. Chief Whip and Chair of chairs;

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

Leader of the official opposition;

Hon. Members of the Provincial Legislature (MPLs);

Director General of the Province;

HOD for Health;

Ndi Matsheloni, Avuxeni, Thobela, Goeiemore, Silotjhile, Good morning.

**Honourable Speaker**

We are tabling this budget at a time of great uncertainty, fear and panic.  
This is on account of the outbreak of the Coronavirus pandemic. This is

also a time that requires unprecedented levels of empathy, national unity and global solidarity.

Since the outbreak of this disease was first identified in the Chinese city of Wuhan in December of 2019, there is no continent which has been spared from the devastating web of this disease. Coronavirus has entrenched its footprint in almost all nations of the world.

As of Wednesday (06 May 2020, around 3 646 211 cases of Covid-19 have been reported worldwide, this has resulted in more than 252 400 deaths.

The National Institute of Communicable Diseases confirmed South Africa's first case of Coronavirus on the 5<sup>th</sup> of March this year. South Africa has since exceeded the 7000 mark in terms of infections and unfortunately, we have also recorded 138 deaths.

Sadly, Limpopo currently stands at 39 positive cases of Coronavirus and three deaths (All of the three deaths occurred in the private sector).

Honourable Premier- the Honourable President, His Excellency, Matamela Cyril Ramaphosa has pronounced the implementation of Level 04 lockdown which has been fully operational since the 1<sup>st</sup> of May 2020. Limpopo Province has been one the provinces with a low transmission rate, thanks to the Provincial Command Council (PCC) and other various structures who have been tirelessly with the Department of Health in curbing the spread.

However, this honeymoon period will soon end as we have seen increased interaction with poor to non-compliance to social distancing on day 1 of Level 04 lockdown. We are worried that this behaviour will lead to increase

in number of cases that will outstrip the limited provincial resources. We must therefore intensify in our pushback strategy and ensure that the vulnerable group (those of advanced age and with co-morbidities) is protected from acquiring the virus as this is the group that not only will require hospitalization but Intensive Care Unit (ICU) management. This resource (ICU) is very scarce and expensive.

It is against this background that our pushback strategy focuses on home preparedness and care programme which primarily centres around the vulnerable group.

There is NO cure nor vaccines yet. The best way for one to protect themselves is to regard every person, surface, object and every hand as contaminated. Hand sanitizers are not the only way to remove the virus on one's hands. Therefore, let us protect ourselves by continuous hand washing with water and soap, maintain social distancing, avoid handshaking and contact, and wear your mask.

Honourable Speaker – Covid-19 is no longer just a health pandemic, the disease has now assumed the make-up of a serious socio-economic challenge. As we speak, this virus has significantly disrupted lifestyles, businesses have been severely affected and public health institutions are experiencing unprecedented levels of financial and clinical stress.

Even though we have applied for and are anticipating disaster relief funds that should assist us to improve our response to the pandemic, we remain mindful of the unfavourable economic conditions our country faces and call upon our employees, government departments and citizens at large to use resources wisely during this difficult period.

**Honourable Speaker-** With the grounding of economic activities around the world, medical supplies, equipment and medicines have become a challenge to the sector. The impact is the poor control of the non-communicable diseases (NCD) which are a major contributor to poor outcomes of Covid-19, resulting in more deaths. Where drugs and medical supplies are available the cost has escalated exponentially due to global shortages and competition.

It is for this reason that the budget we are presenting today is premised on the understanding that whilst resources are not unlimited, the healthcare needs of our people are almost limitless and unpredictable.

**Honourable Speaker;**

## **INNOVATION AND TECHNOLOGY.**

We are introducing technological innovation as an enabler and a catalyst in our delivery of healthcare services in the Province. We are equipping our hospitals and clinics with broadband connectivity – we are migrating a number of our functions to the digital space in line with the demands of the 4<sup>th</sup> Industrial Revolution.

We are finalizing the installation of **Video Conferencing** equipment in seven sites across the province. This will go a long way in assisting us to reduce travelling cost and the time for meetings. Instead of spending time on the road in between meetings, more time will be spent on the actual work of taking services to our people.

I am happy to announce that we will be officially launching this system by the first quarter of this financial year.

The current Provincial Health Information system has long reached its sell-by date. It was procured more than 10 years ago and is no longer relevant to our needs and is slowing down service delivery due to sporadic downtime. This system is also very limited and frustrating to clinicians because it does not have the capability of integrating information from our different health facilities whereby a clinician can see what was done to a patient in the previous facility which the patient had visited. It then forces the new clinician to perform even tests that were previously done leading to duplication and escalation of costs.

We are therefore, in a process of replacing this system with an advanced system (**Centralized Health Information System**) that will allow our clinicians to access patient historic information online in a seamless manner and further reduce costs and better clinical outcomes.

The department is also completing the process of procuring a system for electronic archiving and further managing of all Department of Health records (**Digitization**). This will also assist in minimizing medico-legal claims which often result due to missing patient files and clinical notes. The roll-out will commence in the second quarter.

**Honourable Speaker;**

Human Resources are the backbone of any functional healthcare system. This is an area which has been a challenge in the past, particularly given our inherited challenge of a bloated structure, a number of redundant posts and underfunding. It is for this reason that as a Department we continue to

prioritise the filling of vacant posts of the different professionals. We simply cannot deliver on our mandate without a committed army of nurses, doctors and other healthcare professionals.

We are tirelessly working around the challenges we have had on filling posts – hence, as I speak, we have managed to fill-up 90 percent of various leadership positions.

In this regard, we welcome the appointment of Dr Florence Thokozani Mhlongo as the Head of Department. We thank you Honourable Premier.

We have recently filled over 2 000 posts which are geared to support the clinical platform at facility level. The categories include cleaners, porters, food service aid, groundsman, laundry aids etc. – we have done this in order to improve the capacity of our facilities to deliver quality healthcare services to our people.

**Honourable Speaker** – the phenomenon of brain drain is a living reality in our Department. Our best efforts to recruit and retain specialist talent in the province is often undermined by the reality of the proverbial greener pastures. Human beings will always be attracted to better living conditions and more competitive remuneration packages. Unfortunately, as Limpopo we are not always in a position to compete with some of the more affluent provinces and the private sector.

It is for this reason that we remain indebted to the patriotism of a number of specialists, who, despite attractive packages outside of the public service,

remain committed to the public sector. It is because of their selflessness that the face of public healthcare in our province is changing for the better. **Honourable Speaker**, there comes a time when soldiers must go to war and put their lives on the line. The COVID 19 virus has plunged the department into a medical warzone as it has done so to the rest of the country and the world. Without our healthcare workers these battle would have been lost even before it began. We continue to be indebted to all healthcare workers who worked tirelessly, against all odds and gave it their all so that today we are one of the province recognized by the World Health Organisation(WHO) as having done well in containing the spread of the virus. We salute you!

Your safety at work remains our priority. We sleep better knowing that our soldiers at work are protected. The provision of Personal Protective Equipment (PPEs) to all our healthcare workers is non-negotiable. Our healthcare workers are our priority. While provision has been made for additional hospital wards, equipment, pharmaceutical supplies and vehicles, these are not going to heal people. It is our employees who must put these resources to use to help our people. We value them and will look after them. To my HOD, May God help you and your entire team. We wish you all the strength.

**Honourable Speaker-** as we table this budget, I want to applaud this team that has managed to put this Department on a path towards of financial stability. We must recognize the effort made as evidenced by a significant reduction of accruals from **R1.2 billion** to less than **R400 Million** over three-year period **(2017/18 and 2019/20)**.

**Honourable Speaker** – to support the rendering of a comprehensive, integrated Human Resource, corporate communication, security services, technological innovation, logistics, financial management and administrative functions in the Administration programme, we are allocating an amount of **R332.2 million**. For health science training and development of health professionals, **R111.1 million** has been set aside as part of the efforts to reduce vacancy rate in these categories. This amount covers medical students in the Republic of Cuba, Limpopo Medical School and other Medical Schools in the country. An amount of **R200 million** has been set aside to continue filling critical posts (APL amount).

**Honourable Speaker.**

The struggle to defeat HIV/AIDS in our lifetime is well on course. Our everyday work in this regard is inspired by the commitment to realise an HIV free generation. As our Premier said during his State of the Province Address, we have registered drastic reduction in the Mother-to-Child Transmission of HIV. We are currently below the World Health Organisation target of 1% and continue to do well with latest figures showing around 0.69 % transmission rate.

It is widely believed that our people living with HIV would be more vulnerable to the severe forms of the COVID-19 disease. It is therefore critical that they take more precaution to avoid infection by the Coronavirus. We are currently having almost **317 000** patients who are on HIV/AIDS treatment. We are delighted that our education and awareness campaigns

have resulted in a significant number of patients not defaulting on their treatment. As a result of this, our patients are experiencing an improved quality of life with a suppressed viral load.

We are also doing remarkably well in the area of Maternal and Child health. We have managed to reduce the maternal mortality rate in our facilities from **189 per 100 000** to **106 per 100 000** deliveries.

As a department we get our fulfilment from seeing the women who enter our facilities pregnant leaving our facilities with healthy bouncing babies. Pregnancy is not and should never become a death sentence for women.

In this regard, we are happy to reiterate the announcement by our Premier that we will be converting the Voortrekker Hospital in Mokopane to a specialised Mother and Child Hospital. This is a very important development and good news for the women of our province.

**Honourable Speaker;**

As you would know, TB is one of the opportunistic diseases associated with HIV/AIDS. A war against TB is also a war against HIV/AIDS. Unfortunately, this means therefore that, in the same way that people living with HIV/AIDS would be more severely affected by the Coronavirus, so are people infected with TB. This demands that we strengthen our TB control measures in all Primary Healthcare facilities, hospitals, mines and mining communities, correctional service facilities and on our farms. We urge

those living with TB to be extra cautious and observe all guidelines to prevent contracting the coronavirus.

**Honourable Speaker;**

Through the Expanded Public Works Programme, we have managed to create 991 work opportunities during the 2019/20 Financial Year. This has allowed the beneficiaries improved opportunities for participation in the mainstream economy through skills acquisition and workplace experience.

**Honorable Members;**

Cheka Impilo is a nationwide strategy to encourage positive lifestyles and raise health awareness in our communities;

As part of implementing the Cheka Impilo Programme, we have managed to reach just under 31 000 people from different communities and from different persuasions across the province;

We have conducted 851 health awareness campaigns amongst farm workers, miners and inmates in various correctional facilities;

Through the **She Conquers** campaign, we have managed to take the HIV/AIDS and STIs message to Adolescent Girls and Young Women who are found in our TVET Colleges and Universities.

- We must also appreciate the partnership with our SABC and community radio stations which gives us a platform to popularize the HIV/AIDS and STI message.

- An amount of **R11.9 billion** has been allocated for strengthening District Health Services (Primary Healthcare) and district hospital delivery systems. This is 53.8% of the total budget of the department.
- **R40.6 million** has been provided for TB and TB/MDR service programmes in the Province.
- Comprehensive HIV and AIDS programme has been increased to **R2.2 billion**.

#### TERTIARY SERVICES.

In 2019/20, the Department successfully insourced the renal dialysis services from the Public-Private Partnership which was managing the services for thirteen years. The department plans to decentralize these services, starting with Mopani District in this financial year due to availability of the necessary infrastructure. Plans are afoot to roll out the decentralization of these services in all other districts in subsequent financial years.

With regards to Emergency Medical Services, all districts have set aside a dedicated ambulance, well-equipped and with trained personnel ready to transport a confirmed case of Covid-19 requiring admission to the prepared isolation ward in Pietersburg Hospital. EMS in Limpopo must and will treat every patient as a potential suspect of Covid-19 and will therefore take all

precautionary measures to protect themselves and other users of the service. We urge our communities to understand this and to give them maximum cooperation.

Our pharmaceutical service has taken steps to ensure that it is geared to provide all necessary medicines and other pharmaceutical supplies to alleviate symptoms and severity of the disease.

- The department has appointed an Infrastructural Technical Resource Unit (ITRU) to speed-up all processes related to the Limpopo Central Hospital and Academic complex. Following the one positively confirmed case in the province, our tertiary platform has had step up its ability to respond to the pressure that will come to bear on our health system by the Coronavirus.

Tertiary budget

- **R831.1 million** has been set aside for the running of Emergency Medical Services in the Province including purchase of ambulances.
- Tertiary services in the Province, has been budgeted at **R2.1 billion**. These services are provided in Pietersburg and Mankweng Tertiary hospitals. **R2.8 billion** has been allocated for Regional, Tuberculosis and Psychiatric hospitals.
- Malaria Control is funded with **R100 million** in equitable share and an additional R70 million conditional grant in order to prevent and control malaria in the affected areas of this Province.
- **Honourable speaker**, in order to improve the pharmaceutical stock level at our clinics, health centres and hospitals, **R1.6 billion** has been allocated for pharmaceutical services. This includes amount of **R 754.4 million** for the provision of antiretroviral drugs to HIV positive patients and **R250.1 million** for Vaccines to reduce infant and child mortality.

- An amount of **R952.8 million** has been allocated to Health Infrastructure Programme. This allocation will be used mainly for hospital revitalization programme, maintenance and upgrades of clinics, nursing schools and Emergency Medical Services stations.

### **Honourable speaker**

We are pleased to report to this august house that through the implementation of the Revenue Enhancement Strategy, the Department managed to surpass the target of **R193 million** by **R8 million** with total collection at **R201 million** for the **2019/20 financial year**. The support and assistance received from Provincial Treasury is always appreciated. The department is targeting to collect R212 million in the 2020/21 financial year. This is 5.5% increase from the previous year achievement of R201 Million. We therefore urge the community to pay for the health services they receive in our health facilities as this will be for their own benefits.

### **Honourable speaker**

The funding for the health services is still a challenge. The allocated funds do not fully address the healthcare needs of the people of this Province. We are however pleased by the support we get from the Provincial Treasury and my colleagues in the Executive Council under the stewardship of our honorable Premier, in gradually stabilizing the budget of Health in this Province. This Department will also put more efforts in ensuring that there is value for money in the utilization of this budget.

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

**In conclusion**, the 2020/21 overall budget for Health vote has increased by 6.6% from the 2019/20 Main Appropriation and by 5.2% from the Adjusted Appropriation. Equitable share grows by **4.2%**, and **10.8%** on conditional grants from the 2019/20 adjusted allocation. In monetary terms, the total budget indicates a growth from **R21.0 billion** in 2019/20 to **R22.1 billion** in 2020/21. The total allocation grows by an average of **6.0%** over the Medium Term Expenditure Framework.

**Honourable Speaker**, let me also take this opportunity to thank the Honorable Premier for having trusted me with such enormous responsibilities and for his unfailing support, together with my colleagues in the Executive Council. I say thank you a million times.

To the Portfolio Committee on Health, your monitoring and oversight, coupled with constructive criticism and advises have made us better people. We salute you. We also thank members of this august house for your unwavering support. Nothing is as important as providing quality healthcare services to the people of this beautiful province, regardless of color, creed or religious background.

God bless all of you!

**Honourable speaker,** I am therefore honoured and indeed privileged to table to this noble house the budget for Health-Vote 7, for the year 2020/21 to the value of **R22.1 billion**, which consists of **R18.3 billion** equitable share, **R3.6 billion** conditional grants and **R212 million** own revenue.

**SUMMARY OF THE 2020/21 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07**

| Summary per Programme<br>R thousand | Adjusted appropriation | Medium-term estimates |                   |                   |
|-------------------------------------|------------------------|-----------------------|-------------------|-------------------|
|                                     | 2019/20                | 2020/21               | 2021/22           | 2022/23           |
| Equitable share                     | 17 539 957             | 18 271 428            | 19 672 549        | 20 703 629        |
| Conditional grants                  | 3 303 966              | 3 659 216             | 3 724 184         | 3 906 807         |
| Departmental receipts               | 201 861                | 212 297               | 222 912           | 234 154           |
| <b>Total</b>                        | <b>21 045 784</b>      | <b>22 142 941</b>     | <b>23 619 645</b> | <b>24 844 590</b> |

| Summary per Programme<br>R thousand | Adjusted appropriation | Medium-term estimates |                   |                   |
|-------------------------------------|------------------------|-----------------------|-------------------|-------------------|
|                                     | 2019/20                | 2020/21               | 2021/22           | 2022/23           |
| 1. Administration                   | 295 664                | 332 241               | 351 064           | 367 916           |
| 2. District Health Services         | 13 906 005             | 14 342 056            | 15 330 878        | 16 185 157        |
| 3. Emergency Medical Services       | 835 791                | 831 070               | 865 679           | 907 230           |
| 4. Provincial Hospital Services     | 2 616 240              | 2 834 303             | 2 992 996         | 3 136 661         |
| 5. Central Hospital Services        | 1 997 355              | 2 081 427             | 2 471 609         | 2 572 088         |
| 6. Health Sciences And Training     | 499 998                | 616 295               | 691 492           | 716 771           |
| 7. Health Care Support Services     | 142 275                | 152 730               | 161 129           | 168 863           |
| 8. Health Facilities Management     | 752 456                | 952 819               | 754 798           | 789 904           |
| <b>Total</b>                        | <b>21 045 784</b>      | <b>22 142 941</b>     | <b>23 619 645</b> | <b>24 844 590</b> |

| Summary Per Economic Classification<br>R thousand | Adjusted appropriation | Medium-term estimates |                   |                   |
|---|------------------------|-----------------------|-------------------|-------------------|
|   |                        | 2020/21               | 2021/22           | 2022/23           |
| Compensation of employees                         | 15 169 172             | 16 127 301            | 17 168 497        | 17 993 096        |
| Goods and services                                | 5 113 811              | 5 096 217             | 5 587 581         | 5 793 066         |
| Provinces and municipalities                      | 1 641                  | 1 692                 | 1 101             | 1 153             |
| Departmental agencies and accounts                | 73 367                 | 16 719                | 17 639            | 18 486            |
| Households  | 199 084                | 150 834               | 200 866           | 205 163           |
| Buildings and other fixed structures              | 242 407                | 388 646               | 229 849           | 273 174           |
| Machinery and equipment                           | 246 302                | 361 532               | 414 112           | 560 452           |
| <b>Total</b>                                      | <b>21 045 784</b>      | <b>22 142 941</b>     | <b>23 619 645</b> | <b>24 844 590</b> |