

Budget speech Vote 7 for the Department of Health 2019/20.

Speech delivered by Limpopo Department of Health MEC, Dr Phophi Ramathuba at the Limpopo Provincial Legislature, Lebowakgomo, 25 July 2019

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 Hon. Lehlogonolo Masoga

Leader of the official opposition

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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

House of traditional leaders and Esteemed Majesties

Traditional Health Practitioners

Leaders of Religious Organizations

Leadership of Trade Union Movement

Representatives of the Non-governmental Organisations

Representatives of the Business Community

Members of the Media

Ladies and Gentlemen.

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

Honourable Speaker

As I stand here to present this budget, I do so with a heavy heart after learning of the untimely death of Dr Simon Lefoane, one of the most outstanding servants of the Limpopo Department of Health. Dr Lefoane a Neonatologist who left the comfort of Gauteng's Steve Biko Academic Hospital in April this year to come and join Letaba Hospital, a rural hospital in a rural province in order to serve the most disadvantaged, deprived and disenfranchised strata of our society. By having Dr Lefoane at Letaba Hospital, mothers in Mopani District didn't have to endure long waiting list at Mankweng Hospital any longer in order for their babies to be seen by a medical specialist of Dr Lefoane's calibre, but their babies could be seen and treated in a hospital closer to their homes. Indeed mothers and babies alike have lost a passionate and a hard working physician who in less than four months had revolutionarised the Letaba Hospital Neonatal unit. Medical interns and junior doctors in that side of Limpopo have lost a towering figure of inspiration. Through his skills and expertise, Letaba Hospital neonatal unit was beginning to move towards that direction. I therefore wish to

send out my heartfelt condolences to his family and also his colleagues. I dedicate this budget vote to Dr Lefoane Dr who was a medical specialist deeply rooted on the notion of fusing modern technology into health care in order to increase efficiency and access. May his soul rest in peace.

Madam Speaker, Fifty years ago, history was made. What seemed impossible became possible, with a man landing on the moon for the first time. What appeared to be a dream during his generation became a reality. Had he not dreamt, today the world would not be celebrating this anniversary. The new dawn is here. The new dawn is what the President commands, the new dawn is what the Premier directed, the new dawn is what we are embracing as the Department of Health.

Honourable Speaker

The ANC led government takes the issues of health very serious. As I am presenting this budget vote I should have been at George Mukhari Academic Hospital wherein President Cyril Ramaphosa will preside over the signing of the presidential health compact which is aimed at improving the quality of the South African health care system.

The new dawn for health simply means **Hospitals should fly.** The ultimate flight plan for patient safety where no wrong limb will be amputated, where no wrong medication will be dispensed, where patients admitted in facilities with fractures will not die of hospital acquired infections.

This flight plan will see our dream of a clinic in the cloud where primary healthcare will be delivered at the doorstep of the poorest of the poor. In simple terms, checking your blood pressure while watching Television in

the comfort of your home, where by just wearing spectacles you will be able to monitor your blood sugar.

Not only will this new dawn in Health see the building of the long awaited Limpopo Central (Academic) Hospital, but also a state-of-the-art technology-driven hospital where robotic surgery will be performed.

Innovation and Technology.

Technology requires huge capital investment and we do appreciate the current fiscal constraints, however without an effective and efficient Health Information System the realisation of the strategic objectives of the National Health Insurance will remain a pipe dream. It is for this reason that during this new dawn we will jump on the bandwagon of innovation and technology as we fully embrace the Fourth Industrial Revolution. Technology has changed the face of the world and the gap between physical, digital and biological spheres is shrinking drastically.

We will be investing in modernisation of our technology in order to address a number of challenges including workforce management, revenue collection, physical facilities management, missing files and duplication of services, e.g blood tests, X-rays, medicine dispensing to mention a few.

These are the challenges which have contributed significantly towards the status we find ourselves in today, wherein the department loses a lot of money while at the same time patient care management is compromised.

To this end, the Department has implemented the **Electronic Data Interchange (EDI) and Patient Verification System (PVS)** in the hospitals to properly classify patients and speed-up the submission and

payments of Medical Aid claims. As a result of this progressive initiative, **Honourable Speaker**, we collected R212 million, of which R34 million is above our initial target of R178 million (119 percent). Building on this achievement our plan this financial year is to seize the moment and continue to surpass our revenue collection target.

The Department is committed towards the introduction of a paperless environment. Accordingly, we will be implementing an e-filing system. To this end, we have started piloting this technology at Rethabile Health Centre; even this Budget Vote Speech is not accessible on hard copies but electronically on our official website, and **Departmental Social Media Accounts**. In this regard, we will provide only 70 copies as a matter of compliance –otherwise it is available online and can be accessed electronically to anyone who needs to have it- saving the Department an amount of R130 000 if we were to print the usual 10 000 copies, which will be rechannelled towards areas of dire need.

It is an open secret that we are a resource constraint department, for us to accelerate we must be innovative and look for ways to free resources within the department. This includes reducing the cost of travelling by employees from our facilities to district offices and to head office to hold physical meetings and moving documents. To this end, the Department is in the process of implementing Video Collaboration so that we speed up decision making and thereby improve overall efficiency of the Department.

A si tshiphiri zwauri ri muhasho une u kha divha na khaedu dza tshomedzo, uri ri kone u shuma ritshi ya phanda ri tea u wana ndila ya u shumisa tshomedzo dzi re hone ngomu kha muhasho. I zwi katela u fhungudza kushumisele kwa masheleni nga u fhungudza mitangano ya

vhaofisiri vha tshifara lwendo uya dzi offisini khulwane kana u rumela dzi dokhumente.

Nga zwezwo sa muhasho ri kha ndila ya u thoma u shumisa video collaboration : u itela u fhungudza nyendo dza u ya dzi offisini khulwane.

Madam Speaker

Maternal, Woman, Child, Youth and Adolescent Health Services

During the fifth administration we managed to reduce the maternal mortalities from 182 per 100 000 deliveries during the 2014/15 financial year to the current 106 per 100 000 deliveries.

Amongst the strategies we have used to achieve this reduction, as mentioned in our previous Budget speech and as it appears in our turnaround strategy was the dissolution of district clinical specialist teams, wherein mid-wives, gynaecologists, anaesthetists, paediatricians to mention a few who were appointed to station at district offices were redeployed to maternity wards and theatres where pregnant women are. We are at an advanced stage towards realization of the Mother and Child Centres of Excellence. **Honourable Premier**, this is a new dawn time for big concepts and endless discussions are gone. We are implementing. The first centre will be officially launched at Seshego hospital on the 27th of August as part of celebrating 2019 Women's Month. You are invited.

Sixteen million rand (R16 m) has been spent to date towards procuring of medical equipment dedicated to the reduction of mother and child adverse results. These include obstetric beds, anaesthetic, ultra-sound, CTG machines etc. These are life-saving machines without which the life

of the unborn child and the mother are not safe. Revamping of neonatology units has been completed in institutions like Maphutha Malatji to avoid the death of new born babies as a result of cross-infections due to overcrowding. We will continue with this work until such time when no woman or child will die while during birth. While we have noted few negative stories making headlines regarding our nurses and other healthcare professionals, it is important honourable Speaker for us to seize this moment and congratulate Jane Furse Hospital Maternity team. This is the team that made history this past December when they delivered nine babies safely so utilising cell phone lights in the middle of a raging storm which left them not only with power failure but damaged stand-by generator and the medical equipment to be utilised during deliveries which were immersed under water.

Madam Speaker

Our commitment towards our long-held dream of our people not to travel to Gauteng for life saving procedures, and losing some of them while on the waiting list has received a major boost with the pronouncement of R3.9 Billion towards the construction of the Limpopo Central (academic) Hospital. As a Province we continue to prioritize both Polokwane and Mankweng Hospitals as part of our tertiary health service, hence the recent deployment of experienced senior executives to strengthen management.

To this end, we have recruited many key specialists who are providing highly specialized services. 29 Specialists have been recruited and appointed in the last financial year. Included in this number are key Clinical Heads in Surgery, Anesthesia, Psychiatry, Ophthalmology, Neurosurgery, and Obstetrics. Young sub-specialists in areas that were

not there previously which include Pediatric surgeons, Plastic Surgeons, Neurologist, Gastroenterologist, Nephrologist have been appointed.

Since his appointment in February, the only pediatric surgeon in the province has operated 185 babies who would have waited for transfer to Gauteng. We want to congratulate Dr Motlounq for his dedication and commitment. When they say dynamites come in small packages they are referring to this young man who operates babies as young as one day old. As we approach the women's month, Limpopo Department of Health declares a "no turning back". Let me take this opportunity to introduce to this august house the second pediatric surgeon who will be joining us in the women's month "amayounger younger" Dr Esi Ackon.

For the first time Limpopo is blessed to have gastroenterologist, he has since performed operations which were never performed in Limpopo such as Endoscopic Retrograde Cholangio-Pancreatography (ERCP). This is where the surgeons accesses your liver, your pancreas and operate on them without opening the abdomen in line with our new dawn. Patients who were not able to swallow have since received life-changing operations. Miracles are indeed happening in our province. **Honorable Speaker**, allow me to introduce the miracle man, Dr Sam Mashoeshoe.

Honorable Speaker, our commitment towards the battle against cancer remains intact. We have managed to address the backlog in cancer treatment through partnership with private sector with the focus being on cervical cancer as the number one cancer in women followed by breast cancer. We will be launching a joint breast cancer clinic between plastic surgery and general surgery. Instead of breast cancer patients receiving mastectomies only as currently is the case, patients will be done

reconstructive surgery and receive breast implants to deal with stigma which has huge psychological impact and has resulted in a number of women refusing to be done mastectomy hence losing some of them. **Honorable Speaker**, may I introduce to this august house a new dawn young man behind the restoration of dignity of women in this Province- our Plastic Surgeon Dr Thendo Netshiongolwe who has just returned from USA, Mayo Clinic and Massachusetts General Hospital.

In addition to the 29 specialists we have also appointed 17 young doctors waiting for their final registrations as specialists with the HPCSA. The appointment of specialists has given us an opportunity to train our own 79 Registrars. The future is bright; our medical school is here to stay.

Ku thoriwa ka madokodela lawa yo hlawuleka, swi hi pfunile ku va hi kota ku hunguta nhlayo ya vanhu lava ava yimele vuhandzuri. Hi nkarhi wa mavhiki mambirhi ntsena, tani hi ndzawulo ya rihanyo ya xifundzha xa Limpopo, hi kotile ku endla vuhandzuri eka vavabyi vo ringana 670 lava ava yimele vuhandzuri byo hambana- hambana.

Let us seize the moment as the people of Limpopo and thank Professor Steven Matshidza who is a qualified Orthopedic Surgeon and the Head of Department of the University of Free State. Professor Matshidza together with his team of volunteers has up to date performed more than 700 orthopedic operations during our weekend letjema. This project has managed to reduce huge orthopedics backlogs and also disabilities as a result of long waiting time for operations.

Honorable Speaker, this is a new dawn, we have seized the moment and purchased 4 new CT scanners awaiting delivery and installation at Tshilidzini, Letaba, Mokopane and Pietersburg hospitals.

In our quest to achieve the hospital that flies, we are in the process of establishing a tele-radiography service (Radiological Information System) that will allow CT scan images to be read remotely. This service which is the first of its kind in our regional hospitals will save many patients from having to travel to Polokwane and Mankweng just for a CT scan.

Equally, we anticipate the delivery and commissioning of the Linear Accelerator before the end of this financial year to augment cancer treatment (Radiation Oncology).

Kidney failure has been ravaging our people young and old alike. This can be as a result of failure to control and manage lifestyle diseases like diabetes and hypertension. That is why our call for healthy lifestyle remains. We expect our people to exercise regularly and eat healthy. Honorable MEC Moraka, we are encouraged by early morning and late afternoon runners who occupy the streets of our towns and villages making sure that they reduce the burden of diseases as a result of non-communicable diseases. We are happy to note that it is no longer Capricorn District and Polokwane Municipalities only which have heeded the call to mobilize their communities around healthy living but majority of our municipalities across the province have seized the moment and Executive Mayors of Vhembe, Mopani, Sekhukhune and Waterberg Municipalities are also providing leadership when it comes to physical activities.

We call upon motorists to exercise their patience on the road when they see runners and respect them. These runners are contributing a lot in reducing health care expenditure.

Honorable Speaker, the call made by Lutendo Munarini, the representative of renal patients in the province has not fallen into deaf ears. His passionate plea of us to improve renal dialysis services is being answered. We are happy to announce that we will be taking over the running of this service from the Public Private Partnership in November this year which has been going on for ten years. 38 employees will be given job offers by the end of this month. For this purpose, an amount of **R16 958 342, 12** has been set aside from both equitable share and National Tertiary Services Grant (NTSG). In addition, we will by 2020 decentralize services of renal dialysis to patients at regional level; thus bringing the service closer to home and decreasing the distance that they have to travel 3 times a week to access hemodialysis.

Madam Speaker

Communicable Diseases

HIV and AIDS

On HIV/AIDS, as echoed by the Premier, whilst we have seen positive results on mother to child transmission improving from 4.9 percent at the beginning of the 5th administration to the current 0,73 percent, of great concern is the upsurge in new infections on the girl child. The AIDS Conference in Durban painted this bleak picture on our fight against HIV/AIDS. We accept the call by the Premier to accelerate the integration of school health and HIV/AIDS programs amongst our

learners. We will work jointly with the Department of Education towards the realisation of our dream of an HIV free generation.

Re ba kwele Tonakgolo ya Limpopo ba bontsha gore, re bereke ka mafolofolo go fokotsa malwetsi go baswa ba rena ba ebile ke bokamoso ba profense ya rena ya Limpopo. Re lebeletse mananeo atlo go re thusa go thibela malwetsi ntle le go a alafa. Sepedi sere thibela e phala kalafo.

We will amplify the ABC message focusing on young people abstaining from sex while focusing on education. Those who are ready psychologically and age wise our plea is for them to be faithful and condomise at all times as you have directed. Our health is our responsibility.

Honourable Speaker, our commitment towards fighting TB remains.

We have seen an increase in TB treatment success rate from 83 percent to 86 percent in the last financial year. Our decentralisation of around 28 active sites on MDR TB centres is showing its benefits and progress towards improving the treatment success rate from 54.8 percent in 2015/16 to 65.4 percent in 2018/19 more than the national performance of 53 percent.

Honourable Speaker, we cannot celebrate our achievements on TB, HIV/AIDS without mentioning the effort put in by our Community Healthcare Workers, commonly referred to as homebased carers. It is against this background that as a province we kept our promise and

with effect from first of April 2019 we started paying them as per minimum wage of R3500 through Persal system.

Madam Speaker

We are a department of health not of diseases hence our focus will remain that of preventing diseases rather than treating them. It is against this background that we saw our multidisciplinary outbreak response team preventing the spread of cholera from our neighbouring country Zimbabwe which recorded 10 443 cases of cholera and 59 deaths as the result thereof. Of the suspected 123 cholera cases in our Province only 2 were confirmed to be positive with zero deaths. Ours is to preserve and save lives.

Our concerted efforts towards reduction of mortality as a result of malaria have paid dividends. We have seen a reduction of malaria confirmed cases from 18 977(2017/18) to 6 606 (2018/19) which represents two-third reduction. The number of deaths due to complicated malaria reduced from 160 to 38 which represent 76 percent reduction. We want to congratulate the House of Traditional Leaders because it is through different traditional councils within malaria endemic areas that we were allowed access to their households where we fumigated a total of 922 000 structures. We will continue with the investment on malaria where we will be appointing a total of 365 Seasonal sprayers and supervisors.

Forensic Pathology Services

As reported by the department of transport we are concerned by the increase in the number of road accident fatalities in our province leaving our already overburdened public health care system to be strained. We

draw considerable pride from the work done by the forensic teams and would like to seize the moment that despite this high volume we have experienced in the province, the Forensic Pathology Service unit has always ensured that they ease the pain of the bereaved families by making sure that post mortems were conducted on time and families were able to bury their loved ones with dignity. There was never a single day where as an MEC for Health was called to intervene. We thank the dedication and commitment of the entire team led by Dr Thakadu Mamashela for this outstanding work. We note the challenges facing the Forensic Pathology Officers and we believe that the Health Professional Council of South Africa will expedite the processes of professionalization of the service.

Emergency Medical Services (EMS)

Our commitment towards strengthening our Emergency Medical Services division will continue not only with procurement of an additional 50 vehicles, but we will also be looking at an effective and efficient control system in the Emergency Medical Services wherein a Computerized Automated Dispatch will be introduced to assist in tracking the whereabouts of our ambulances and also improve our response time. Another long term measure is our deliberate efforts to continue to send students for Advanced Life Support training. With our EMS College now fully functional we have increased our enrolment to 24 in this cycle.

Pharmaceutical Services

Despite noting an upward trajectory in the availability of medicine as we continue to improve our systems, there is still an outcry on the shortage of medicine especially at clinic level. This is attributed to a number of

factors, including leadership and accountability. It is against this background that in this financial year we will have all our clinics with fully appointed Operational Managers. Our head office and districts offices have so many appointed pharmacists on Occupational Specific Dispensation positions yet they do no clinical work. Just like we did with our District Clinical Specialist Team we will be redeploying them to manage hospitals and support clinics. We have analysed and noted that all our hospitals are fully staffed with qualified pharmacists, in actual fact there is no single hospital with a vacant pharmacist post (funded or not). We will be redeploying these pharmacists to primary healthcare facilities where they will assist our nurses with ordering, distribution and general management of pharmaceuticals. This financial year we will seize the moment to procure a “smart” Pharmaceutical Warehouse Management System in order to improve the effectiveness of the pharmaceutical depot.

Food is medicine and remains an integral part of patient treatment. Therefore not everyone is qualified to prepare patient food. To this end the Department has in the past financial year managed to insource food services management. In order to achieve this mandate, we employed qualified food service practitioners who are still young and energetic.

On the 2nd of July, we launched the first ever standardised 8 day menu cycle which will ensure that all our patients, irrespective of the institution they are admitted, will be served the same type of healthy, nutritious meal. We have in our midst food service healthcare professionals from Thabamooopo Hospital.

Madam Speaker

Human Resources

This juncture requires us to have at our facilities and centres of operation model public servants who inspire hope and confidence.

Former President Thabo Mbeki had this to say about public servants:

“We must be impatient with those in the public service who see themselves as pen-pushers and guardians of rubber stamps, thieves intent on self-enrichment, bureaucrats who think they have a right to ignore the vision of Batho Pele, who come to work as late as possible, work as little as possible and knock off as early as possible.”

To give practical meaning to the timeless words of President Mbeki, we will be embarking on a process to review our business model and take steps forward towards a skills audit to assess whether we have the right people for the job. In addition, we will be implementing workforce management system to manage attendance, overtime and regulate working hours. Before we entertain any form of overtime, all employees shall have given the people of Limpopo their forty hours per week.

This will assist us in achieving value for money while at the same time ensuring availability of staff in rendering quality healthcare services to our vulnerable patients.

The department’s spending on compensation of employees’ remains a major headache. While other provinces, twice our size are cruising at 56 percent, as it stands, Limpopo is spending 74 percent of its entire budget on compensation of employees, remaining with only 26 percent for all other operations.

This financial constraint has resulted in the painful non-absorption of the post community services health care professionals in various categories.

These challenges combined warrants for drastic measures to be taken in order to remedy this situation. We are hoping that the envisaged skills audit, redeployment of staff and re-prioritisation will result in us freeing money so that we can be able to appoint those nurses and other health care professionals. Innovation has to be the order of the day in addressing unemployment of young health professionals. As part of the interventions, we have seen how moving people from head office and district offices into facilities improving efficiency at facility level. During this financial year, we will deepen this process, wherein maintenance staff from districts will see themselves at hospitals and clinics. As part of PHC strengthening and also addressing the disintegration of mobile clinic and fixed clinic services, we will attach every mobile clinic team to a fixed clinic or health centre which in turn will be attached to a hospital. This will ensure that our clinics render 24 hours services.

Honourable Speaker, it must be noted that the failure to render 24 hour services in some clinics is not only as a results of staff shortage but also due to security threats to our employees which has become a national challenge. We therefore call upon the strengthening of security at our facilities which require collaboration amongst different stakeholders, such as Traditional Councils, SAPS, Department of Home Affairs, PSIRA and the Department of Labour.

In partnership with LEDET and its entities we are exploring ways of supporting young unemployed health professionals to establish small businesses and/or cooperatives in areas of business akin to the functions of the department. We hope with this initiative to make a dent on the challenge of unemployment which has reached a worrying crisis in our country. I am sure Honourable MEC Thabo Mokone will agree with us that young people must be encouraged to be entrepreneurial and

create jobs. We want to see our young unemployed physiotherapists having their own independent practices where they can assist in reducing a lot of absenteeism amongst us due to back aches and skeletal problems.

To achieve this we need to bring an end the culture of Remunerative Work Outside of Public Service in certain categories which tend to take away the market for those who want to practice independently.

Honourable Speaker, our Youth Development Program is in full swing. Our belief is that every work place is a training platform hence our Memorandum of Understanding with all our TVET Colleges is being implemented. Today in this house, we have young lady Miss Suzan Rasekgololo, an intern in heavy current electrical engineering currently placed in Van Velden Hospital. These are the skills we need as a province especially with the Special Economic Zone. Without 18 months experiential learning they will never graduate as artisans. Currently there are 477 young people acquiring their skills in the Department of Health.

Health Infrastructure

Honourable speaker, when it comes to health infrastructure we are at crisis point. Not only is our majority infrastructure ancient but is no longer fit for purpose. For the immediate future a strategic decision has been taken to reprioritise for 'crisis point' projects such as theatres, laundries, replacement of chiller plants and standby generators. Our maintenance has been generally reactive rather than according to a preventative maintenance programme. Due to budgetary constraints we can barely meet the 2% recommended budget as a percentage of total budget for maintenance. The strategic priorities for infrastructure are to upgrade:-

Mother and Child Centres of Excellence (MCCE) where six hospitals are targeted:-

Pietersburg, Mankweng, Tshilidzini, Letaba, Mokopane, Philadelphia and St Rita's hospitals. These hospitals will receive repairs, maintenance, renovations and upgrades.

27 PHC facilities will receive alternative backup power supply under the ideal clinic programme.

34 PHC facilities are targeted for enviroloo and related services.

10 laundries are in the building phase in various stages of construction (Messina, Donald Fraser, Ellisras, FH Ordendal MDR, Louis Trichardt, Mankweng, Philadelphia, Witpoort and Tshilidzini hospitals.

The programme of replacement of generators will continue in conjunction with the electrical upgrade programme. Except for grant funded projects, the department will not be in a position to commence new projects due to budgetary constraints.

BUDGET SPEECH: 2019/20 – BUDGET BREAKDOWN: VOTE 07: HEALTH

Honourable speaker, I'm presenting this budget against the country's poor economic outlook and the budget constraint faced by the department. I want to repeat this because I need serious intervention on this matter. Not only is our compensation of employees the highest in the sector but also in the country at 74% share of the total budget allocation. Given the remaining 26% for goods and services it becomes almost impossible to cover all the service needs. This is worsened by the increasing service demands due to increasing burden of diseases. In spite of all these, the department has

made significant strides in the reduction of accruals to free money for service delivery.

Plans targeting major cost drivers and spending efficiencies have been developed and are in the implementation stage.

The Honourable MEC for Treasury has already indicated in his budget speech that national economy has been growing at relatively low rates for the past few years. As the results of these unfavourable economic conditions in the country, the department has prioritized revenue collection as the alternative source to augment the budget deficit being experienced. The Department is implementing its Revenue Enhancement Strategy to address challenges that impede maximum collection. The support and assistance received from Provincial Treasury is always appreciated in this regard.

The Department is targeting to collect **R194 million** in the 2019/20 financial year. This is 9% increase from the previous year target of **R177 million**. 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.

We therefore urge the community to pay for the health services they receive in our health facilities as this will be for their own benefit. Services are however still free at primary healthcare facilities such as clinics, mobile clinics, gateway clinics and health-centres.

Honourable speaker. The 2019/20 overall budget for Health vote has increased by **6.5%** from the 2018/19 Main Appropriation and by **4.9%** from the Adjusted Appropriation. Equitable share grows by **4.2%**, and **9.3%** on conditional grants from the 2018/19 adjusted allocation. In monetary terms,

the total budget indicates a growth from **R19.8 billion** in 2018/19 to **R20.7 billion** in 2019/20. The total allocation grows by an average of **6.4%** over the Medium Term Expenditure Framework.

In conclusion

The term of office for our hospital boards, clinic committees and mental health review boards have come to an end. We therefore call upon members of the public who are prepared to serve selflessly so, to avail themselves in the spirit of “Thuma Mina”.

Our experience has taught us that no challenge is bigger than the commitment of the ANC-led government. Hand in hand we will be working with our communities to enhance the quality of life, to build sustainable health infrastructure and to further open the healthcare system to be accessible to all, irrespective of the size of their pockets.

We profusely thank the Honorable Premier of the Province for giving us the opportunity to serve the people of Limpopo as part of the Executive collective. My gratitude goes to colleagues in the Executive Council for making it possible for this department to thrive through their unwavering support and guidance. Special thanks to this house, to the chairperson of the portfolio committee for continuing to provide support through oversight duties. To our Acting Head of Department Dr Thokozani Florence Mhlongo and her generals from the men in blue at the gate of our facilities to those in our mortuaries, we want to thank you. Without all of your sleepless nights we will not have achieved what the department has achieved to date.

To my comrades, friends and family, especially my surviving parent I remain grateful for the continuous support and your prayers. With you on my side I can walk on stormy and rough seas, I can climb the highest

peaks. Ndo livhuwa mukololo wa Vhafamadi, Tshiongwe! u a longwa muhwe! vhe mashau luvuvhu ha weli u shavha u tswuka milenzhe! wa thanga ya ludo! I shengwaho nga wa mano, asi na mano a fhorotshedza! Duhulu la Rasikhuthuma, la masingo, vhone vhaila mutshila wa mbudzi ngeno mutumbu vha tshi la.

Ndza khensa, kea leboga, baie dankie, thank yon, Ndo livhuwa Nne Phophi mutshena Tshidzimba thi toholi ndi la na makanda atsho Khezwo namusi ndo tohola.

Honourable speaker, I am therefore honoured and indeed privileged to table to this august house the budget for Health-Vote 7, for the year 2019/20 to the value of **R20.7 billion**, which consists of **R17.6 billion** equitable share, **R3 billion** conditional grants and **R193 million** own revenue.

SUMMARY OF THE 2019/20 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07

Departmental funding source	Adjusted appropriation		Medium-term estimates	
	2018/19	2019/20	2020/21	2021/22
	R'000	R'000	R'000	R'000
Equitable share	16 770 882	17 549 507	18 471 438	19 884 057
Conditional grants	2 811 194	3 033 951	3 321 449	3 754 177
Departmental receipts	219 698	193 610	204 259	215 493
Total receipts	19 801 774	20 777 068	21 997 146	23 853 727

Summary per programme	Adjusted appropriation		Medium-term estimates	
	2018/19	2019/20	2020/21	2021/22
	R'000	R'000	R'000	R'000
1. Administration	305 434	324 400	342 241	361 064
2. District Health Services	12 967 924	13 612 791	14 396 499	15 572 457
3. Emergency Medical Services	768 302	768 788	811 070	855 679
4. Provincial Hospital Services	2 600 662	2 663 074	2 809 543	2 964 065
5. Central Hospital Services	1 815 920	1 970 134	2 104 911	2 467 520
6. Health Sciences And Training	554 902	635 660	683 803	721 522
7. Health Care Support Services	139 161	146 021	153 903	162 367
8. Health Facilities Management	649 469	656 200	695 176	749 053
Total	19 801 774	20 777 068	21 997 146	23 853 727

Summary per Economic Classification	Adjusted appropriation		Medium-term estimates	
	2018/19	2019/20	2020/21	2021/22
	R'000	R'000	R'000	R'000
Compensation of employees	14 203 249	15 808 869	16 697 596	17 667 301
Goods and Services	4 544 285	4 194 955	4 482 229	5 101 061
Provinces and municipalities	16 090	991	1 043	1 101
Departmental agencies and accounts	10 593	15 847	16 719	17 639
Non-profit institutions	343 348	95 591	101 326	101 326
Households	235 211	263 679	268 306	283 042
Buildings and other fixed structures	294 489	138 084	158 830	271 631
Machinery and equipment	150 030	259 052	271 097	410 626
Payment for financial assets	4 479	0		
Total	19 801 774	20 777 068	21 997 146	23 853 727

