



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

2024/25

BUDGET SPEECH

VOTE 7

**TABLED BY MEC FOR HEALTH
DR PHOPHI RAMATHUBA**



26 March 2024

Polokwane Council Chamber, Polokwane Local Municipality, Capricorn District
10h00



<http://www.ldoh.gov.za>



LimpopoDepartmentOfHealth(Bophelong)



@HealthLimpopo

BUDGET SPEECH VOTE 7: DEPARTMENT OF HEALTH 2024/25.

SPEECH DELIVERED BY LIMPOPO HEALTH MEC, DR PHOPHI RAMATHUBA AT THE LIMPOPO PROVINCIAL LEGISLATURE, LEBOWAKGOMO, TUESDAY, 26 MARCH 2024.

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. Simon Mathe;

Leader of the Official Opposition;

Hon. Members of the Provincial Legislature (MPLs);

Director General of the Province and all HODs;

Our traditional leaders;

Our traditional health practitioners;

Leaders of the religious community;

Invited guests, ladies and gentlemen.

Ndi Matsheloni; Avuxeni; Thobela; Goeie more; Silotjhile;

Good morning!

Honourable Members, change is possible!

Once upon a time in this province we had four (04) Departments of Health namely, Venda, Lebowa, Gazankulu and Northern Transvaal, with their own four Ministers.

This meant that 30 years ago, a Northern Sotho speaking young man from Motetema who got involved in a motor vehicle accident in Groblersdal town, and despite the hospital being a stone's throw away, would have to be transported to Tsimanyane hospital, now known as Matlala Hospital, which is 50 kilometres away, and at times die before arrival. While post-mortem results always indicate the cause of death as polytrauma the reality is that the colour of his skin was central to the cause of his death.

30 years later the same young man could easily be admitted at Groblersdal Hospital, and be given the most appropriate level of care irrespective of his skin colour, ethnicity or socioeconomic status.

In acknowledging that development is a continuous process, nine years ago it would have taken up to six hours to respond on the accident scene, however, because change is possible, **Honourable Speaker**, with the latest additional fleet of 566 ambulances, on top of the 50 ambulances we have been procuring annually, it takes less than thirty minutes for an ambulance to respond to the scene for urban setting and less than 60 minutes for rural setting.

Should our young man sustain injuries categorising him as priority one, **Honourable Members**, our Alpha1 or Alpha 2 will be activated to airlift him to the nearest appropriate facility.

Honourable Speaker, ten years ago, had our young man suffered head injury, he would have had to be transported to Mankweng Hospital or at times George Mukhari Hospital for a CT Scan. We pride ourselves that today this same young man, “o betha short-left” to St Ritas Hospital which is 86 KM for a CT Scan because Honourable members, change is possible

Honourable Members, a reya fetsa’, ngwaga woo, molwetsi wo wa bo rena, o tla kgona goya kgauswi, mo Philadelphia Hospital, which is just 32 KM away. Ka lebaka la gore reilo ba reke-la sekana se sengwe gore selete sa Sekhukhune se be le le di sekana tse pedi.

Moshomo wo o mobotse o netefaditswe ke Tona ya Maphelo, Ngaka Mathume Joseph Phaah-la, who during the State of the Nation debate in Parliament remarked that:

“Late in 2022 I joined the MEC for Health in Limpopo and the Premier in unveiling modern equipment at a rural hospital, St Rita’s, where I worked as a medical officer together with Minister Motsoaledi who was part-time but spending more time there than at his practice. The equipments included a CT Scan, modern digital X-Ray and mammogram. All these equipments are backed up by Picture Archiving and communication system which allows doctors to receive the radiological images on their phones or laptops and the radiologist sitting anywhere in the world can interpret the images and feedback to the doctors on the patient’s bedside. In this way we are using technology to reduce lack of access to specialised skills.”

Now, **Honourable Members**, what inspires us, what drives us? What keeps us going?

We are driven by the judicious words of a medical doctor by profession, the 7th President of the African National Congress, **Dr. AB Xuma**, who as early as 1941 observed the challenges facing the health system of this country and tabled his diagnosis when delivering his Presidential address of 14 December, 1941 and said, **“Africans in South Africa have the highest Infant Mortality rate, highest mortality and morbidity rates than any section.”**

In the past five years, and indeed in the past 30 years of our democracy, we have laboured tirelessly to change the face of healthcare services in the province. The government has increased its capacity to respond meaningfully to the health needs of the people of Limpopo. Through accessible, quality, and comprehensive healthcare, millions of our people are cared for in many of our facilities.

Buoyed by the sacrifices of our forebears, we used the past 30 years of our freedom and democracy to lift our people out of hopelessness, bring healthcare services closer to where they live, and expand access in the process.



PHC – Ideal Clinic

Honourable Members;

Primary healthcare services remain the bedrock of our healthcare system. The dream of President Xuma to reduce maternal and infant mortality can only be realized when we have strong primary healthcare services hence the past financial year was declared and pronounced in this august House as: *the year of Primary Health Care*. The aim was to continue the effort to reengineer the PHC platform. The department embarked on an active recruitment drive of professional nurses to make good on the commitment made to extend the service hours of clinics. To date, a total of 638 professional nurses' posts were advertised, of which 558 are filled.

Through these appointments, the department managed to increase the number of facilities that are rendering a 24-hour service. Today, we pride ourselves as a province because a total of 217 primary healthcare facilities have been activated to render 24 hours' services. This number will continue to change every month because as a department, inspired by our forebears we will continue to effect change when we address all challenges that negatively impact our ability to render 24-hour service at the primary healthcare level.

Honourable Members, our target for ideal clinic for the current financial year is 20%. We have already managed to surpass this target and we are at 40% which gives us a total number of 194 clinics. While we acknowledge this progress made, we are still not satisfied because the number is still low in relation to what is required to fully implement the National Health Insurance hence we commit ourselves to accelerate our progress in achieving the ideal clinic status.

Health Special Programmes

Measles

Honourable speaker;

Our President-General, Dr. AB Xuma, further instructed us to pursue full extension of public health and preventative health measures to all South Africans, in particular the previously marginalized.

The success of the Expanded Programme on Immunization was realized in 2023 when we reported a prolonged measles outbreak, with 506 confirmed measles cases and zero deaths. The measles vaccination campaign reached **one million, seven thousand, six hundred and fifty-one** (1 007 651) children. We can assure all of you that measles is indeed under control.

Cholera

Despite the outbreak of cholera in our neighboring countries within the SADC region and some provinces in our country, as of today, Limpopo only registered eight laboratory-confirmed cholera cases. We are further comforted by the fact that we recorded zero mortality as we continue to live the dream of President AB Xuma. This was made possible by excellent care delivery in our district hospitals after learning from the COVID-19 experience.

Honourable Speaker;

Through various preventative measures including barrier methods and others we have managed to appreciate a reduction in HIV positivity rate. Our message is still the same, which is that of ABC, Abstinence, being faithful and Condomise.

Honourable members, the ANC-led government, the government of the people, has made positive strides towards fighting TB. In 2019 we recorded 11 795 TB cases and 67 percent treatment success rate. Over the years, we have seen a decline in the number of TB cases, loss to follow up and mortality rate. In 2023, 8482 new cases of TB were recorded and 74 percent treatment success rate. The multiple drug resistance TB which used to be treated for 24 months has improved over the years with new drugs now latest it's for just six months hence we say the government of the people has once more demonstrated it is for her people.

Honourable Members;

Mother, Child and Women's Health and Nutrition (MCWH & N)

Maternal Health

Every country's health system is measured through its improvement in terms of maternal and infant mortality rates. It is precisely for this reason that our forebears who gathered at Kliptown in 1955 at the seminal Congress of the People proclaimed in the Freedom Charter that:

"...Free medical care and hospitalization shall be provided for all, with special care for mothers and young children."

30 years ago, when the African National Congress received an overwhelming mandate to govern South Africa, as part of implementing Dr. Xuma's dream and Freedom Charter, our first democratically elected President Nelson Rolihlahla Mandela in his first State of the Nation address, long before the MDG 2015, declared free health for all pregnant women and their unborn children until the age of 6.

It is worth noting that the ANC-led government started taking care of bo-Tintswalo since conception hence as a province we have seen a progressive decline in both maternal and under-five mortality. There was a time when as a province we were leading in the country in terms of maternal death. Today, according to the latest report of National Committee on Confidential Enquiry into Maternal Death, we are amongst the top three best-performing provinces. A clear indication of an improved healthcare system as per international standards which in simple terms mean we have a reliable EMS service, more clinics are operating 24 hours, availability of medicines and capable staff as well as an increase in the number of advanced midwives and obstetricians in the rural areas. We are, however, worried about Capricorn District where maternal mortality is still being recorded as very high.

In response to this, the department has introduced a dedicated team (Limpopo Obstetrics Response team) to respond to all preventable maternal deaths with more focus on Capricorn district.



Child Health

Children under 5 pneumonia case fatality rate has reduced to 1.8% against the annual target of 2.5%. The department continues to work with communities to encourage early healthcare-seeking behavior and to educate communities on the danger signs in children, while also working with healthcare professionals to improve case management by implementing standardized treatment guidelines.

Honourable speaker;

It is of particular concern that despite government spending over R26 million nationwide per month towards social grants, including child support grants, we still see an increasing number of children succumbing to severe malnutrition of which the majority of them present in our facilities late. This is a clear indication that the child support grants are mostly not used for the intended purpose.

The saying that it takes a village to raise a child rings true and therefore we must all take it upon ourselves to protect and defend these children within our communities.

To address both maternal and infant mortality the Department committed in this august house last year to implement Maternal & Child Centre of Excellence (MCCE) in 10 hospitals and the Limpopo Maternal Health Standards in all facilities to improve the quality care and outcomes of pregnant women.

To date, seven (07) out of ten (10) hospitals have completed the infrastructure aspect of these projects and have attained MCCE status. The three remaining facilities for renovation are Tshilidzini, Letaba and Elim hospitals. These facilities will be completed in 2024/25 financial year. The remaining three (03) hospitals will attain the MCCE status within this financial year, 2024/2025.

Nutrition Services

Honourable Speaker, nine years ago, our patients were served food which was not nutritious and presentable. During our commitment we indicated that food forms an integral part towards disease management and care hence we embarked on a journey towards overhauling the entire nutrition services in our facilities.

We are proud to report to this august House that since the launch of the 8-Day menu 5 years ago, we continue to serve our patients with nutritious and presentable food in our 41 revamped food service units which are managed by qualified professional food service aids.

Our premature babies are at risk of developmental delays and poor school performance hence their nutrition which forms part of their disease prevention and management is equally critical.

It is against this background, that the Department initiated breast milk banks, an approach to promote exclusive breastfeeding for the first 6 months as a life-saving strategy to ensure food security for neonates.

In 2016, **Honorable Speaker**, we made history when we established our first-ever breast milk bank at Mankweng. Since then, a second bank was established at Philadelphia Hospital in 2019. It is my pleasure to announce that yet another bid for a breast milk bank at Letaba and Mokopane hospitals has been awarded to continue the expansion of the nutrition services and this should be rolled out soon. Dr. Xuma must be smiling in his grave when he sees that, just in the past six months from these two facilities, more than 350 premature babies benefitted from these two existing breast milk banks. We want to thank donor lactating mothers and call upon all mothers with capacity to donate, to do the right thing. Let's do more, together.

MRI:

Who ever thought that a rural province such as Limpopo would dare have Magnetic Resonance Imaging (MRI)? That machine that sees deep inside a person- that can diagnose almost anything and everything. Yet here we are, change is possible honourable Speaker.

During the past year, the Department undertook to procure two Magnetic Resonance Imaging (MRI) units for Mankweng & Pietersburg hospitals. The Department was able to deliver on both these units, with training and commissioning currently underway. Therefore, Honourable Speaker, the waiting time shall be reduced from four months to less than two months and shall allow continuity of service in case one machine breaks down thus making access to care to be continuous.

Honourable Speaker, it is worth mentioning that Mankweng Hospital in its 36 years of existence has never had an MRI scan. Honourable members; this is in line with the decentralisation approach towards specialized healthcare services.

Substantial investments are also made in radiation oncology and nuclear medicine.

Honourable speaker,

There is no one seated in this house who can claim that they never lost anyone who succumbed to any form of cancer. Access to cancer treatment is a basic human right and unfortunately, it is so expensive that our people cannot afford it. As the department, we have committed in this august house that we will invest in life-changing high-technology equipment towards diagnostic and therapeutic care.



We are proud to report to you **Honourable Members** that we delivered on our commitment of installing a gamma camera in nuclear medicine. Furthermore, a Brachytherapy unit was installed in the radiation oncology unit, at a combined investment of R17 million. This is in addition to the renovations and expansion of the existing oncology unit at the Pietersburg Hospital. The investment in this area demonstrates the total commitment of the government of the day to improve not only access to health care but also the quality of care for patients suffering from different forms of cancer.

Honourable members, in addition, the Department plans to procure the second LINAC machine in the coming financial year through its National Tertiary Services Grant (NTSG) to increase the capacity of the radiation oncology unit to treat more patients speedily before cancer spreads to the other parts of the body. Honourable Speaker, the current situation of having only one LINAC machine simply means longer waiting times for patients for the much needed – life-saving intervention which will stop cancers from progressing.

Honourable Speaker; It is worth mentioning that the province of Limpopo has never had a Positron Emission Tomography (PET) CT Scan. Even though the province has specialists with skills to treat such patients, we are forced to refer all patients requiring PET CT scans to Gauteng.

The most painful situation is when patients travel all the way just to be turned back without treatment for whatever reasons. Moreover, we were only allocated four patients per week. This is understandable given the fact that Gauteng has its own huge burden. This is about to be news of the past because we have as a department procured a new PET CT scan to the total value of **R52 262 141.71** inclusive of its preventative maintenance plan. The infrastructural alterations are underway to prepare for the arrival of the PET CT Scan on or before the end of May 2024.

Days of patients from as far as Majeje village in Ba-Phalaborwa, Matshakatini village in Musina, Malebitsa village in Ephraim Mogale and Ga-Seleka in Lephalale would have to travel for at least two days via Pietersburg to Gauteng Central Hospitals to get the PET CT service are soon to be over. Change is possible.

Honourable Speaker

Three years ago, this august house, celebrated our first ever in-house radiation oncologist produced jointly by the university of Limpopo and Limpopo Department of Health. Since then, more specialists in this field continue to be produced. We are once more, proud to announce that the availability of these equipments coincides with the first ever accreditation by the HPCSA for the postgraduate specialist training in nuclear medicine. Since attaining this licence to train by the end of 2023, we have already appointed the first-ever trainee specialist doctor in this field right here in Limpopo. In our midst, **Honourable Members**, we have Dr Vuyelo Sambo who is the fortunate one to be the very first trainee – she will be the first homegrown nuclear medicine specialist.

Manana Xipikara, ahi si heta. Ha ha ya emahlweni no kombisa ku tinyikela ka hina ku tiyisisa leswaku vanhu lava hanyaka na vutsoniwa va kuma switirhisiwa leswi faneleke ku va pfuna ku antswisa mahanyelo ya vona ya siku na siku. Switirhisiwa swo fana na; 107 hearing aids, issued about 1303 spectacles, 300 wheelchairs and 107 Madiba buggies for children with severe

forms of disability. All these have been delivered in the current financial year, 2023/2024. Moreover, the Department plans to procure 199 hearing aids for the financial year 2024/2025.

Rural Health Matters

Honourable Speaker, change is possible. Nine (09) years ago, this province had very few medical specialists and this was worse in the surgical disciplines like in orthopaedics where we had zero HPCSA registered specialists. Today we have a total of eleven orthopaedic surgeons, *a zwi fheleli afho fhedzi muthomphei, zwa zwino ro fhiwa thendelo ya u fundedza madokotela a vho rine uri vha kone u vha madokotela a zwipentshele zwa marambo. Thahelero hei ya madokotela yo vha l tshi ita uri mitevhe ya vho lindelaho miaro l vha ndapfusa sa izwo ro vha ro tea u vha rumela ngei kha zwibadela zwa tshikhuwani, zwa tou nga ndi vhathu vho yaho u shambila sa vha ya ho u shambila mishumo.*

Zwe zwa thoma sa madze, musu muphurofesa vho Steven Matshidze vha tshi da uri thusanga kotare u ita miaro iyi zwo fhedzisela namusi zwo ri bebela thandela ine mulanga vundu vho Mathabatha kha tshiphitshi tshavho vha tshi l talusa vha ri, 'Rural Health Matters has contributed significantly towards reducing the surgical backlog and taking quality healthcare to the people.'

To date, we have seen different specialities rotating every month across rural hospitals in our five districts performing operations that no one ever thought could be done in rural hospitals.

Nine (09) years ago, who could have imagined the first robotic-assisted knee operation in the province being performed in a small rural hospital like Botlokwa?

As of today, rural health matters project has benefitted more than 8000 patients across the province.

We have seen eyesight being restored;

We have seen crutches being thrown away when mobility was restored;

We have seen wheelchairs returned.

We have seen the confidence of a girl child being restored after a life-changing breast reduction procedure;

We have seen prayer women going back to church after a life changing urogynecological procedure. This woman could not sing, could not laugh because of fear of spontaneous loss of urine control;

We have seen a child with cleft palate whose mother was accused of witchcraft undergoing a life-changing operation free of charge as declared by President Nelson Mandela.

Honourable Speaker, many people believe that cataracts are for senior citizens, unfortunately in recent days we continued to witness young people losing their jobs, dropping out of school and slipping into depression due to loss of eyesight as a result of cataracts.

Honourable Speaker; A 20-year-old Letaba TVET College student had to drop out of college because she had lost her eyesight as a result of cataract which was so bad that it attacked both her



eyes and rendered her completely blind.

Sara Malebati, whom I met two weeks ago on a Saturday, the 16th of March 2024, at that time she could not see but only heard my voice and I committed that her eyesight would be restored.

Today she walked into this gallery, as my special guest, without either an assistant or a walking stick as her eyesight has been fully restored. Sarah will be resuming with her studies in Business Management.

Honourable Members, let us all wish Sara well in her academic journey since she is indeed a living testimony that change is possible.

That is why, **Honourable Speaker**, as a Department we felt the need to commemorate Human Rights Month through a campaign *Operation Bula Mahlo, Pfula matihlo, vulani mato* to help many who were in Sarah's state.

This would not have been possible without committed, dedicated and passionate clinicians who understand our vision and who are also in our midst today. We have Dr Phakamisa Khayaletu Mkabile, one of our few specialist ophthalmologists who are willing to traverse our rural hospitals in pursuit of restoring eyesight.

Honourable Members, 38-year-old Thabo Collen Ngoepe who used to make a living as a taxi driver lost his job after losing eyesight because of a cataract. He is also with us today, to witness that the ANC-led government cares about its people because he is amongst the 371 whose eyesight was restored just this past three weeks.

Honourable Members, Rural Health does matter!

Medical Registrars & HPCSA accreditation

Honourable members;

Let us remind ourselves of what our President AB Xuma instructed us again in 1941 when he said that we should work for “**The training of Africans in medicine, surgery and public health...**”

Inspired by President Xuma's words, South Africans witnessed the establishment of the first ever post-1994 medical school in our province against all odds. The first cohort of 60 students to qualify as medical doctors from this school is currently doing community service.

Honourable speaker, many thought this progressive initiative would never see the light of day. As we speak, in our recent meeting as the department of health, the University of Limpopo and the Health Professions Council of South Africa it was agreed on a recommendation to increase the annual first-year intake from 60 to 80. This simply means Kgabo from Moletjie will not be forced to travel to as far as Cape Town, Bloemfontein, or Durban in a quest for medical training to become a medical doctor.

Honourable speaker;

This undergraduate medical training programme could not have been possible without the HPCSA registered specialists. It is for this reason that the Department has continuously embarked on an active recruitment and retention process.

Honourable speaker;

In our midst we are blessed to have Professor Nyaweleni Tshifularo, the first-ever black paediatric surgeon who has produced other paediatric surgeons. Prof. Tshifularo who spent most of his years in Gauteng, is one of those academic specialists, researchers and surgeons who have decided to join the team that is dedicated to making sure that change is indeed possible.

In May 2023, the Health Professions Council of South Africa (HPCSA) evaluated the postgraduate training programme for accreditation purposes.

The outcome of this evaluation recommended full accreditation of ten (10) clinical departments and conditional accreditation of eight (8) clinical departments.

The presence of Professor Tshifularo has made it possible for us to receive accreditation to train and produce our own paediatric surgeons here in Limpopo province. Dr. Precious Moraswi-Mabotja, a young hardworking medical doctor who is a mother of two and a wife, would have been forced to leave the province and her family in pursuit of this much sought-after speciality; but today, Dr Moraswi is one of the first two paediatric surgeon trainees of Prof. Tshifularo under the Department of Health and University of Limpopo. This could not have been possible without the support of Professor Shisana Baloyi the Head of School of Medicine and Professor Tebogo Mothiba, the Executive Dean of the Faculty of Health Sciences at the University of Limpopo.

Honourable Members, the construction of the much-awaited Limpopo Central hospital, is in full swing and its estimated completion date was pronounced as 2028.

We are also happy to learn that the construction of the medical campus wing has been approved by the National Treasury and the Department of Higher Education, Science and Technology. In this regard, we must acknowledge with thanks the contribution of the University of Limpopo – represented here today by Dr Abbey Ngoepe.

Health Infrastructure

Honourable Members, COVID-19 pandemic confirmed what we already knew that there is no alternative to healthcare infrastructure if we want to deliver quality services.

The R851 Million allocation towards infrastructure is almost at 100% expenditure.

As a result of our current excellent spending on infrastructure grant, the Department received an additional R70 Million grant from the National Department of Health as an incentive for good performance.



Honourable Members;

Over and above projects that have been handed over for implementation by implementing agencies and departments, we have managed to complete some of the following projects in-house.

Honourable Members, it will please you to know that the Nursing College is back in operation. Students are now in classes. Phase 1 and 2 of students' accommodation have been completed in Giyani Campus and more will be done to develop the college to a modern and vibrant institution that would deliver in the best ways possible.

Water and Sanitation.

As part of augmenting water supply in our facilities, the Department can proudly announce that we have completed the installation and full operation of the Pietersburg Hospital – Bulk water storage tanks project.

Additionally, in terms of water and sanitation projects, focusing on our primary health care facilities, we are glad to report that repairs of boreholes at 32 PHC facilities is underway, with 389 enviro loos also receiving attention in terms of maintenance and repairs. We have also commenced with maintenance and repairs of 359 Lilliput and reverse osmosis plants at various Primary Healthcare Centres and hospitals.

Alternative power supply

Honourable Members;

To mitigate against the current load shedding, the department has embarked on a sustainable and reliable electricity supply mechanism.

To this end, we have completed the upgrades and the bulk fuel storage at Mesina and Evuxakeni Hospitals, completed a replacement and bulk fuel storage refurbishment at Dr CN Phatudi hospital, replaced the existing generators at Witpoort Hospital and Blouberg CHC, and finally installed a permanent generator at Jane Furse Hospital.

Honourable Speaker; a secure working environment is a basic requirement towards rendering 24-hours service hence we have completed the fencing projects at 27 Primary Healthcare Centres, amongst others, Tshilwavhusiku CHC, Mankweng Clinic, Mashashane Clinic, Moeding Clinic and Phatantsoane Clinic.

Honourable Speaker; mental health remains one of the latest pandemics we are faced with, as such investment in infrastructure towards mental health is critical. Waterberg and Sekhukhune Districts are without mental healthcare facilities hence we committed last year that we will provide a mental healthcare unit in Ellisras hospital which we are proud to announce in this august house that the unit has been completed and will be commissioned before the end of April.

Honourable Speaker, we commit that in the next financial year, we will be providing such services for Sekhukhune district at Matlala Hospital.

As we continue to live the dream of President Mandela and President Xuma of prioritising maternal and child health. It is also our pleasure to update this house that the maternity unit north wing and paediatric wards at F.H Odendaal Hospital have been completed and will also be handed over before the end of April.

Honourable Speaker;

In the new financial year 2024/25, we envisage completing the following projects: St Ritas Hospital: critical care unit; Ladanna Computer Aided Ambulance Dispatch System: Completion of EMS Communication Centre; fencing at ten more clinics earmarked for 24-hour services.

BUDGET SPEECH: 2024/25 VOTE 07: HEALTH

Revenue collection

Honourable Speaker

The persistent decline in the provincial and department's equitable share allocations underscores the imperative of prioritizing revenue generation to mitigate the budget deficit in the province. The Department has thus strategically emphasized revenue generation throughout the Medium-Term Expenditure Framework.

While a public misconception prevails, assuming health services are universally free, leading to substantial unpaid fees, there are conscientious citizens settling their outstanding accounts. We extend our gratitude to them, recognizing that their contributions not only benefit themselves but also aid the department in delivering high-quality health services to the province's residents.

Through the implementation of the Departmental Revenue Enhancement Strategy, and with unwavering support from the Provincial Treasury, we are pleased to report to this esteemed house that preliminary reports indicate the Department is on track to surpass its targeted amount of R210 million in the 2023/24 Financial year. Looking ahead, for the next MTEF, the department projects to collect R221 million, R231 million, and R241 million in 2024/25, 2025/26, and 2026/27, respectively. With support from all stakeholders, we remain optimistic about achieving these revenue estimates.



Honourable Speaker,

The public is advised that patients visiting health facilities are categorized based on affordability. Community members falling within paying categories, including those with medical aids, are encouraged to contribute towards the cost of health services received in our facilities.

This financial support is crucial for sustaining health services in the province. To enhance access to health services in our communities, we clarify that services remain free at primary healthcare facilities, including clinics, mobile clinics, gateway clinics, and health centers, some of which provide 24-hour services. We urge our communities to utilize these facilities for their well-being.

Honourable Speaker,

We emphasize the importance of obtaining accurate patient information, including contact details, residential addresses, and relevant documents, such as identity documents, passports, refugee certificates, permits, appointment cards, and proof of residential address. This information assists the department in categorizing patients based on affordability, ensuring proper follow-up on treatment and recovery monitoring, and locating next of kin.

BUDGET SPEECH: 2024 – BUDGET BREAKDOWN: VOTE 07: HEALTH

The 2024/25 overall budget for Health vote has increased by 3.6% from the 2023/24 Main Appropriation and increased by 0.1% from the Adjusted Appropriation.

Within this allocation, Equitable share grows by 3.5% from main appropriation whereas conditional grants decrease by 4.1%. Equitable Share decreases by 1.0% from the 2023/24 adjusted allocation whereas conditional grants increase by 5.8 % from the 2023/24 adjusted allocation. In monetary terms, the total budget increases from the budget of R23.8 billion in 2023/24 to R24.6 billion in 2024/25. The total allocation increases by an average of 4.9% over the Medium-Term Expenditure Framework.

- **Honourable speaker,** I am therefore honoured and indeed privileged to table to this noble house the budget for Health-Vote 7, for the year 2024/25 to the value of R24.6 billion, which consists of R20.3 billion equitable share, R4.1 billion conditional grants and R220.6 million own revenues.

- **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: R12.8 billion. This shows an increase of 2.0% from 2023/24. This as a backbone of health delivery system and is therefore allocated 52.9% of the total budget of the department. The budget of this priority grows by an average of 5.3% over the Medium Term Expenditure Framework

(MTEF).

- R3.0 billion has been allocated for Regional, Tuberculosis and Psychiatric hospitals. This allocation is important for the provision of specialized health services not primarily rendered in district hospital services as well as primary health care.
- Malaria Control services are allocated R87.9 million in equitable share. Furthermore, an amount of R72.0 million has been allocated within the conditional grant framework in order to prevent and control malaria in the affected areas of this Province.
- Comprehensive HIV and AIDS programme funding including TB services has been provided at R2.0 billion.
- R1.1 billion has been set aside for the running of Emergency Medical Services in the Province.
- Tertiary services in the Province, have been provided for at R2.2 billion. These services continue to be provided in Pietersburg and Mankweng Tertiary hospitals.
- An amount of R848.2 million has been allocated to the Health Infrastructure Programme. This allocation will be used mainly for hospital revitalization, clinics building and upgrades as well as building and equipment maintenance.
- An amount of R666.2 million has been set aside mainly for the training of health professionals as part of our commitment to reduce the vacancy rate in these categories.
- **Honourable speaker**, to maintain the stock level at our clinics, health centres and hospitals across the province, R1.7 billion medicine allocation has been provided. This includes an amount of R 615.9 million for the provision of antiretroviral drugs to HIV positive patients and new intake, and R347.2 million for Vaccines to reduce infant and child mortality.

Honourable Speaker,

Let me take this opportunity to thank the Honorable Premier, Ntate Chupu Stanley Mathabatha for having trusted me with such enormous responsibilities of leading a department as complex as the Department of Health. I thank him for his unfailing support and wisdom, together with my colleagues in the Executive Council.

I am grateful for the confidence, support and guidance we get from the Honourable Premier in making sure that we deliver quality services in our facilities and utilize our budget allocation responsibly. I say thank you a million times!

To the Portfolio Committee on Health, your monitoring and oversight, coupled with constructive criticism and advice have made us better people. We also thank members of this august house for your unwavering support.

I wish to take this opportunity to also thank our Acting HOD, Dr Ntodeni Ndwamato and her generals, her entire team, from the man and women in blue at our facility gates to her senior management team, for giving us their full energy as we march to our destination of a long and healthy life for the people of Limpopo.

To my surviving parent, my mother, who continues to give me that motherly support like I am still her infant who survives on her breast milk. My siblings and my children for always being there. I am confident that we have laid a solid foundation for even more progress in the year ahead and beyond.



In closing, I would like to borrow from the sitting President of the Republic of South Africa, **Mr. Cyril Ramaphosa** who said in his closing remarks at the signing of the Presidential Health Compact in 2019, at the Dr George Mukhari Academic Hospital, Ga-Rankuwa, Tshwane that:

“Our mission is to reform health care, to make it better suited to the needs of an ever-growing population, is part of a global movement towards equitable health care access that was given new impetus when the Sustainable Development Goals were adopted in 2015”

He went on to say *“Access to quality health care is not just about a healthy body and a healthy mind. It is about a healthy society in which all people can pursue their interests and achieve their potential”*

Honourable Members, we too, remain committed to this mission.

Indeed, change is possible!

SUMMARY OF THE 2024/25 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07

Summary per Funding Source R thousand	Adjusted appropriation		Medium-term estimates	
	2023/24	2024/25	2025/26	2026/27
Equitable share	20531296	20330162	21513358	22992947
Conditional grants	3866150	4088524	4024963	4208494
Departmental receipts	210508	220612	230981	241375
Total	24607954	24639298	25769302	27442816

Summary per Programme R thousand	Adjusted appropriation		Medium-term estimates	
	2023/24	2024/25	2025/26	2026/27

1. Administration	307318	305626	319734	334440
2. District Health Services	15925472	16295933	17161405	18365315
3. Emergency Medical Services	1594293	1124583	1151774	1204756
4. Provincial Hospital Services	2955535	3039423	3166147	3311788
5. Central Hospital Services	2185840	2202211	2267359	2398482
6. Health Sciences And Training	642274	666237	707916	740482
7. Health Care Support Services	152686	157057	164095	171641
8. Health Facilities Management	844536	848228	830872	915912
Total	24607954	24639298	25769302	27442816

Summary Per Economic Classification R thousand	Adjusted appropriation		Medium-term estimates	
	2023/24	2024/25	2025/26	2026/27
Compensation of employees	16419002	17501170	18306224	19130005
Goods and services	6970778	6214284	6533342	7341509
Provinces and municipalities	2614	2602	2687	2812
Departmental agencies and accounts	42000	25000	26120	27322
Households	170633	180460	200988	210139
Buildings and other fixed structures	214204	333517	338181	357225
Machinery and equipment	788723	382265	361760	373804
Total	24607954	24639298	25769302	27442816



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

2024/25

BUDGET SPEECH

VOTE 7



26 March 2024

Polokwane Council Chamber, Polokwane Local Municipality, Capricorn District
10h00



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LimpopoDepartmentOfHealth(Bophelong)



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