



health  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA



# *Policy* and Budget Speech 2020/21



**Ms Sasekani Manzini (MPL)**  
MEC: Health

# POLICY AND BUDGET SPEECH 2020/21

**Madam Speaker, Hon BP Shiba;**  
**Deputy Speaker, Hon PV Mkhathshwa;**  
**Chief Whip, Hon VF Mlombo;**  
**Premier, Hon RM Mtshweni-Tsipane;**  
**My Colleagues in the Executive Council;**  
**Chairperson, Hon JLThabethe and Members of the Portfolio Committee on Health and Social Development;**  
**Members of the Mpumalanga Provincial Legislature;**  
**Leader of the House of Traditional Leaders, Inkosi Ngomane;**  
**Executive Mayors, MMC's and All other Councilors;**  
**Secretary to the Mpumalanga Provincial Legislature;**  
**Presiding Officers of the Mpumalanga Provincial Legislature;**  
**DG of the MP Provincial Government, Ms. SP Xulu;**  
**Head of the Department of Health, Dr. S Mohangi;**  
**Heads of Other Provincial Departments;**  
**Traditional Healthcare Practitioners**  
**Developmental partners;**  
**Organized Labour;**  
**Hospital Boards and Clinic Committees;**  
**Governance Structures of the Department;**  
**Managers in the Department of Health,**  
**Healthcare workers across the length and breadth of the Province**  
**All stakeholders of the Department;**  
**People of Mpumalanga Province**

Honourable Speaker, on Sunday the 21st of September 2008 President Thabo Mbeki addressed the nation and amongst many things said:

***“gloom and despondency have never defeated adversity. Trying times need courage and resilience. Our strength as a people is not tested during the best of times. As we said before, we should never become despondent because the weather is bad nor should we turn triumphalist because the sun shines.”***

I present this 2020/21 budget and policy speech to members of the Provincial Legislature and the people of Mpumalanga inspired by the above words of wisdom, because today’s policy statement is presented in an extremely unusual manner and at a time wherein the people of South Africa especially our health systems are going through trying and testing times, because of the global pandemic COVID-19.

Honourable Speaker, the 2020/21 policy statement of the Department of Health in Mpumalanga is dedicated to the frontline workers of the Department who are our heroes and heroines, and refuse to be despondent because the weather is bad and continue to display unmatched courage and resilience during these trying times when COVID-19 continues to test the capacity of our health system and our strength as a nation. Today’s presentation is a special tribute to our community health care workers, our security guards in the department, our cleaners in the department, our auxiliary nurses, our nurses, our doctors, our allied health workers, our general workers and each and every employee of our department who continue to make a valuable contribution in the fight against COVID-19 and ensuring increased access to health care for our people.

It was the great German philosopher Karl Marx who taught us ***that “Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past,”*** and it is my considered view that the healthcare workers of this country are making history not under conditions of their choice but those chosen for them by the global pandemic COVID-19. When the story of COVID-19 is told to future generations alongside the many events which have disrupted and changed the world like the First World War, The Great Depression and the Second World War, that story will be incomplete without mentioning the heroic deeds of frontline health workers who risk their own lives to save the lives of others.

No amount of words can adequately describe the gratitude of the masses of our people towards frontline health care workers of this country for their heroic and history making deeds during these trying times. Asante Sana frontline health workers! Thank you for refusing to be despondent because the weather is bad!

Madam Speaker, today’s policy and budget statement builds up on the work the democratic government has been doing in the past 27 year in the fight for universal access to health care in this Province. It will give a detailed account of the work we have done and progress we have registered especially on the commitments made in the 2019/20 policy and budget statement not because we want to be triumphalists because progress represents a shining sun, but we will do so because we are an accountable and transparent government.

Today’s presentation will also discuss in details the challenges confronting the department as it executes its mandate of increasing access to quality health care for all, not because we want to bury our heads in the challenges or we want to be despondent as challenges represent a bad weather but primarily because we are students of Amilcar Cabral who taught us never mask difficulties or hide anything from the people, and most importantly because of our appreciation that we cannot resolve the problems in the sector alone and absolute wisdom lies in the masses of our people. By sharing with them our challenges we will undoubtedly emerge with the most advanced solutions to some of our challenges. We can never be despondent because the weather is bad!

Guided by the resilience and courage of our late Isthwalandwe and decorated freedom fighter, Cde Themba Harry Gwala who would have turned 100 years this year on the 30th of July had the God's of the universe not taken him away from us in 1995, we will table our bold plans for the 2020/21 financial year in these trying times when our strength as a nation and health sector is tested to the limit. We are compelled by circumstances to draw strength from Harry Gwala's courage and table this budget and policy speech which places Universal Health Care for all at the center of our fight against the invisible enemy COVID-19.

## COVID-19

Madam Speaker, I address the people of Mpumalanga at the height of a deadly pandemic, Coronavirus commonly known as COVID-19. This virus has brought panic, anxiety, horror, insecurity and grief around the world. I speak to our people not because I have all the answers to their insecurities and anxieties, but as carrier of a message of hope and their humble servant who refuses to be despondent because the weather is bad.

The emergence of COVID-19 globally has brought about both desirable and undesirable effects on the world as we know it. One of the positive outcomes is that we have learnt to utilize the innovations of the digital age, which are interventions that are here to stay, because they actually make life much easier for all of us to meet anywhere and at any time. As a Province, our fight against COVID-19 has been an intense one and our strategy is mainly on active identification of cases through community screening, contact tracing and testing, isolation and quarantine which our dedicated and committed frontline health care workers have led.

This has been the most effective effort in our fight against the global pandemic. It has helped us in making sure that we contribute towards Government's fight against COVID-19 as we curb the spread of the virus and flatten the curve. As a Department, together with our health care workers we have worked tirelessly to put all the measures in place to ensure that we put the lives of our people first. Despite these efforts which have proven to be relatively effective we refuse to be triumphalist because of the progress but rather choose to tighten the strategy and double our efforts. The province recorded its first case on the 11<sup>th</sup> of March 2020 and immediately after that, Nkomazi and Dr Pixley Ka Isaka Seme emerged as epicenters of the province at that given time.

Madam Speaker, as at 22 June 2020, the province has recorded 570 positive cases with 181 recoveries. Thus far, the Province has recorded two deaths (2), one in the City of Mbombela and the other in Bushbuckridge, which was diagnosed in Gauteng. The current epicenter is Emalahleni Municipality with 34% (192/570) of the cases followed by other hotspot municipalities such as Govan Mbeki with 17% (99/570), City of Mbombela 13% (772/570) and Steve Tshwete with 11% (60/570). The status of epicentres is not static as it is influenced by the caseload at any given time and therefore changes from time to time.

Our data indicates that most people affected are in the age category 30 – 39- this is the economic active population. We continue to monitor and care for the aged citizens of our Province, as they are the most vulnerable group. We refuse to be despondent because the weather is bad and as a result the Department is working around the clock to contain the community spread of coronavirus in the epicenters and hotspot municipalities through targeted screening and testing.

Madam Speaker, yesterday we were at Mkhondo Local Municipality (in Iswepe) to launch a Clinic-Based Covid-19 Disease Prevention Model aimed at integrating COVID-19 related activities into the mainstream of the primary healthcare service delivery system, through a strong partnership and involvement of all stakeholders within communities. This Model focuses on strengthening the Department's efforts on Primary Health Care service delivery closest to communities, thus increasing the accessibility, and ensuring that COVID-related preventative measures continue to take place.

Madam Speaker, our Clinic-Based Model to COVID-19 will specifically target those with underlying co-morbidities such as Diabetes Mellitus, Hypertension, Asthma and HIV that pose a high risk of infection within our communities. Madam Speaker, high risk economic and social activity hubs such as mines, manufacturing industries, churches, retail outlets, funerals, etc. will also be identified in each clinic drainage area, so that a focused and targeted health promotion, disease prevention and health education can be embarked upon by Ward-Based Outreach teams in the province.

## **GENDER BASED VIOLENCE**

Madam Speaker, we table this policy statement at a time wherein the women of South Africa are living in fear because of a senseless war, men have decided to wage against them. This period of COVID-19 which required citizens to stay at home proved to be the most difficult time in the lives of many women who were forced by Lockdown regulations to stay at home with their abusers and taken away from social institutions like work, church, stockvels and friends where women get a lifeline. During this period death was unavoidable for many women, and the only choice they had was to choose whether to die in the hands their abusers at home or through contracting COVID-19 in the streets while running away from their abusers at home. Many women only had one choice, death!

This barbarism continues unabated despite the democratic government having passed a number of legislations aiming to bring an end to violence and crimes against women and children. Evidence in front of us suggest that the law and the women of South Africa have done everything in their might to stop this senseless war waged by men against women with very little success. It is for this reason that I today call upon all the men in this legislature and at home to stand up and stop killing women and children. The only people who will end this senseless war are the men themselves who are the perpetrators of these barbaric acts of abusing and killing women. Men must internalise the fact that protecting a perpetrator of gender based violence is not brotherhood, but a criminal act of defeating the ends of justice!

## **NATIONAL HEALTH INSURANCE (NHI)**

Madam Speaker, The National Health Insurance (NHI) is here to stay and as a country we are implementing the initiatives to ensure that our people get full Universal Health Coverage regardless of their socio-economic status.

Madam Speaker, our Government, led by our gigantic movement of the people, released the NHI bill for public comments in August 2019. As the Province, we held roadshows to educate our people about the Bill and its intended purpose to establish and maintain a healthcare fund, which shall be funded through mandatory pre-payment, thereby, achieving a sustainable, equitable and affordable universal access to quality healthcare services.

Madam Speaker, during the consultation process, the people responded positively in support of the system that will revolutionize the healthcare system to a single health care, not segregated by the color of your skin or by economic status. The NHI is the shining sun the majority of South Africans have been looking for in the health sector since the adoption of the Freedom Charter and now that it has appeared we shouldn't be triumphant because the sun is shining but more determined to build a world class health system which will be accessed by all and sundry.

## LIFE EXPECTANCY

Madam Speaker, our attitude has always been that of refusing to be despondent because the weather is bad, and this has seen us significantly increase the life expectancy from 54.6 years (56.9 years for males and 63.2 years for females) in 2014/15 financial year to 64.6 years (61.5 years for males and 67.7 years for females) at the end of 2019/20 financial year. This is attributable to the improved health outcomes such as:

- Less and less of our pregnant women die while giving birth- Maternal Mortality Ratio is at 67.1 per 100 000 live births which is below the planned target of 141 per 100 000 live births of 2019/20 financial year. Performance must be contained below 70 deaths per 100 000 live births to achieve the Sustainable Development Goals (SDGs) 2030 and National Development Plan Vision 2030. However, one death of a mother is one death too many.
- Improvement in the Antenatal Care 1st visit before 20 weeks at 77.3% surpassing the planned target of 75%, while 92.7% of those who tested HIV positive in the Antenatal care programme were initiated on Antiretroviral treatment.
- Meanwhile the Mother to Child Transmission continues to be below the national target of 1% and currently 0.91% of babies' test HIV positive around 10 weeks.
- One million, six hundred and thirty nine thousand, one hundred and twenty one (1 639 121) HIV tests have been done since April 2019 to March 2020.
- 514 605 clients remain on the Antiretroviral treatment programme at the end of March 2020.
- 96.6% of children under 1 year were fully immunized surpassing the national norm of 90%.

Madam Speaker, a better health status will increase individuals' capacity for work and earn and will affect the economy positively. The workforce will become healthier and more productive. This will contribute to economic growth and the desirability of the country as an investment destination.

Hence the department needs to pay special attention to improving:

- Neonatal Mortality which is at 11.2 per 1000 live births against a target of 10 per 1000 live births.
- Delivery in 10 -19 years in-facility rate remains high at 14.7% against the target of 11%.
- TB Treatment Success rate is at 81% against the target of 88 %.
- The TB death rate is at 8.5% against the national target of 5%.

Madam Speaker, the Department is committed to increase Life Expectancy, to improve health and prevent disease by strengthening the maternal and child health services in the province and we will therefore put aside twenty two million, four hundred and twenty nine thousand rand (R 22 429 000) to procure essential medical equipment such as Cardiotocography (CTG) machines, delivery beds, baby warmers and incubators for maternity units in hospitals and Community Health Centres in the financial year 2020/2021.

This will ensure that pregnant women who are presenting with obstetric emergencies are diagnosed early and intervention instituted timeously to reduce the number of deaths of mothers and neonates.

Madam Speaker, we are therefore confident that the target to reduce the Institutional Maternal Mortality Ratio to 75.5 per 100 000 live births and Institutional Neonatal (less than 28 days) Mortality Rate from 11.5 per 1000 to 9.5 per 1000 live births will be achieved during 2020/21 financial year.

Madam Speaker, the Department will strengthen the decentralisation of TB management in all hospitals and PHC facilities.

### SECURITY

Madam Speaker, in her State of the Province Address last year, the honourable Premier stated that the Mpumalanga Government has resolved to install scanners, cameras and panic buttons in all health institutions and following that I further outlined a plan of action in my last Policy and Budget speech.

The Department has reactivated the installed CCTV system at Witbank and Middleburg Hospitals and installed turnstiles at Mapulaneng hospital. Furthermore, the Department of Public Works, Roads and Transport (DPWRT) appointed consultants to determine the scope of work and is in progress to appoint contractors to install turnstiles and security gates in all health facilities in phases starting with 15 hotspot facilities in 2020/21 financial year.

A tender for “appointment of a service provider(s) for the installation, commissioning and maintenance of CCTV cameras, biometric systems, panic buttons, electronic access control systems and other security related equipment” has been re-advertised and we expect to conclude the process to appoint suitable service provider(s) by the end of the second quarter of this financial year.

The Department will strive to ensure that all public health facilities receive safety equipment in a phased-in approach by 2025 pending the availability of funds, however the hot spot facilities will be prioritised during 2020/21 financial year.

Madam Speaker, as a responsible government of the majority party we are taking seriously the issue of safety of our workers and patients in our public institutions. We refuse to be despondent because of the few criminal elements that by-pass securities in hospitals to commit crimes but also request our communities to help us secure our public health facilities. Hospitals and clinics are public assets and belong to communities.

### BUILD HEALTH INFRASTRUCTURE FOR EFFECTIVE SERVICE DELIVERY

Madam Speaker, in our efforts to improve access to quality health care for our people, the Hon. Premier Refilwe Mtshweni-Tsipane, mandated us to build a new Tertiary Hospital in Emalahleni and to convert the current hospital into a district hospital.

To date, the Department has identified a land in Emalahleni and a request was made to Emalahleni Local Municipality for a donation of the said land. Subsequently, 35 Hectares has been earmarked by Council for the construction of the Emalahleni Tertiary Hospital.

Madam Speaker, the Honorable Premier further charged us to invest in the healthcare infrastructure, including but not limited to, completing the new Bethal Hospital and handing it over at the end of this financial year.

Madam Speaker, the Department will continue to invest in health infrastructure. The health infrastructure projects under construction include Middelburg Hospital, Mmamethake Hospital, Mapulaneng Hospital, Kanyamazane CHC and Pankop Clinic.

- **Oakley Clinic** is complete, we have already started occupying this clinic, and it is accessible to our people.
- **Schulzental Clinic** was completed on the 16<sup>th</sup> of August 2019 and the clinic is operational.
- **Nhlazatshe 6 Clinic** was completed on the 29<sup>th</sup> of August 2019. However, in December 2019 the clinic was affected by two separate storms. The National Department of Health was informed and the clinic was fixed on both occasions at no cost to the Department since the facility's liability period did not lapse.
- **Vukuzakhe CHC** was completed in December 2019 and is operational.

## QUALITY IMPROVEMENT IN THE PROVISION OF CARE

Madam Speaker, we indicated that we have listened and continue to listen to our people's concerns about the long queues and the hours they spend before they can access services.

To date, all health establishments conducted waiting time surveys and developed quality improvement plans to close identified gaps and 73% of our patients were generally satisfied with the services they received from our dedicated workforce of skilled health care providers.

It is very rewarding for our staff members to receive compliments and feel appreciated by patients and their families as it serves to motivate them to continue going beyond the call of duty to help our people.

One of the messages I received said: ***"Yesterday, I took gran (my mom) to Rob Ferreira hospital. The service, wow! I asked myself upon returning home if I really was at Rob Ferreira hospital. From the reception, collect file, triage, casualty, waiting time, oh my God, not to mention the staff. From security, clerks, cleaners, porters, nurses and doctors, they were nice, professional, helpful, informative. A total transformation from the other times I used to go there. Thank you guys. I know I did say thank you even though the masks got in the way, I want to say thank you again. Heroes, although we spent a long time in the consultation room, I knew it was unavoidable due to various tests conducted. B R A V O ROB FERREIRA HOSPITAL TEAM"***

Another message received said: ***"Just back from Matikwana Hospital for a family member. Thanks to the Assistant Nurse ( Philane PN ) who assisted us and answered all our questions. Ms/Mrs Philane PN, I pray that one day you become a sister in charge. You are down to earth and you are truly practicing Batho Pele principles. As the entire Mathebula family from Shabalala Trust, I would like to thank you."*** Just a kind word from a patient or relative encourages a tired health care worker to always give of their best.

Madam Speaker, we can confidently report today, as promised in the last policy and budget speech, that the Queue Management System which is being piloted in Themba Hospital was launched on 21 May 2020. This will now assist the Department to put internal controls in place. The intention is to roll the system out to tertiary and regional hospitals and then to the district hospitals.

Madam Speaker, we continue to enrol stable chronic patients on the Central Chronic Medicine Dispensing and Distribution Programme (CCMDD), with an aim to decongest health facilities and improve waiting time. We currently have more than three hundred and fifty thousand, seven hundred and one (350 701) stable patients on the CCMDD programme who continue to receive medication at their convenient pick-up point.

## EMERGENCY MEDICAL SERVICES

Madam Speaker, our Honourable Premier indicated in her 2019 SOPA **"We have also heard our people's concerns about the turn-around time taken by ambulances before they respond to emergencies."**

Madam Speaker, we then as a Department purchased 35 new ambulances to replace the ageing fleet thus improving the turnaround times to comply with the National Department of Health norms and standards of response times. An additional 67 ambulances will be procured in this financial year to further improve the response times.

We will continue to monitor and address accessibility to EMS by focussing on the Ambulance Control Centres so that our officials respond to calls coming from the community and dispatch ambulances timeously.

Madam Speaker, in our endeavour for quality improvement in the provision of care to citizens of Mpumalanga the Department will procure a Computer Aided Dispatch system to improve call taking and real – time vehicle tracking for identification of vehicle movement and allocation of the nearest ambulance to incidents.

### **PRIORITY PLANS FOR 2020/21 FINANCIAL YEAR**

Madam Speaker, Priority number 1: Life expectancy of South Africans improved to 70 years by 2030 will be achieved by providing screening services for early detection and management of diseases, thereby:

- reducing Institutional in- facility Maternal Mortality to 75.5 per 100 000 live births,
- improving Immunization coverage under 1 year to 90% ,
- reducing Child under 5 years' diarrhoea case fatality rate to less than 2%
- improving Antenatal 1st visit before 20 weeks' rate to 76%,
- HIV related death and TB death reduced to less than 5%
- Management of HIV and AIDS and TB will be strengthened by implementing the 90-90-90 strategy.
- Awareness campaigns screening services and 66 853 Voluntary Male Medical Circumcisions will be conducted in addition to the treatment that is provided to the clients that are living with HIV and AIDS and infected with TB.

Madam Speaker, Priority number 2 is to achieve Universal Health Coverage for all South Africans and for all citizens to be protected from the catastrophic financial impact of seeking health care by 2030.

The affordability and sustainability of Universal Health Coverage is dependent on the provision of services at the Primary Health Care level which has an adequate referral system to other levels of care when the need arises.

Madam Speaker, improved quality of health care remains a primary focus of the Department. All health care facilities will ensure that patients are afforded an opportunity to express their views with regard to the quality of health care through a functional complaints mechanism whereby complaints will be resolved within 25 days. The Department hotline was launched in April last year and this is assisting the Department to resolve complaints much quicker and on the spot in many cases.

Client Satisfaction Surveys will be conducted annually in all health facilities to improve the patient experience of care to a target of 85%. Gaps identified through the Client Satisfaction Surveys will be addressed through monitored quality improvement plans.

The quality of care will further be improved by increasing availability of medicines and surgical sundries at the Medical Depot from 85% to the national target of 95%. The Department will be shifting the focus from monitoring the availability of medicines at the Depot to monitoring at the health facilities as we receive complaints of shortages of medicines yet the depot has sufficient stock.

Madam Speaker, implementation of PHC re-engineering will ensure improved access to quality health care. The Department will ensure that all 121 School Health Teams and 560 Ward Based Outreach Teams are established in this financial year.

Ideal Clinic Realization and Maintenance shall be implemented according to the guidelines to benefit all health care users at all levels of service. All PHC facilities are expected to obtain Ideal Clinic Status.

## FINANCE

Madam Speaker, the Department is continuously strengthening the financial management control environment. As a result, we are expecting to reduce the accruals further from R 851 million in 2017/18 Financial Year, R 581 million in 2018/19 financial year to a lesser amount in 2019/2020 (verified after the audit by Auditor General of SA).

The Department has paid forty five million, five hundred and thirty-three thousand, seven hundred and forty seven rand (R45 533 747) as at 31 March 2020 against the contingent liability of nine billion, seven hundred and ninety-six million, three hundred and fifty-five thousand rand (R9 796 355 000).

Madam Speaker, we are working hard to protect the public purse against the litigations and the Department will continue to strengthen the implementation of the litigation strategy.

Despite the previous challenges with audit outcomes of the Department, we continued to make efforts to deal with the disclosure on contingent liability to achieve an Unqualified Audit Opinion in 2019/2020 financial year.

Prior to the COVID-19 pandemic, the Department had planned to replace 1 210 officials who have left the Department due to various reasons that include deaths, resignations and retirement. Additional human resources were going to be appointed in order to improve service delivery in various health facilities in the province.

The unintended consequences of the COVID-19 pandemic has prompted the Department to review the critical posts in order to respond to the COVID-19 interventions without compromising service delivery and review infrastructure delivery plan.

Madam Speaker, the Department has approved 947 lower category posts for both OSD and Non-OSD to be filled to support facilities. In this regard, the Department has budgeted R 144 million for 2020/21 financial year.

The Department of Health: Voted 10 is allocated a budget amounting to **fifteen billion, five hundred and sixty-eight million, one hundred and ninety-four thousand rand (R15 568 194 000)** for 2020/21 financial year allocated as follows:

**Programme 1:**

Administration, which provides overall management and support services in the Department is allocated three hundred and sixty-seven million, three hundred and sixty-four thousand rand  
**(R367 364 000)**

**Programme 2:**

District Health Services, which renders a comprehensive Primary Health Care package to the community is allocated nine billion, four hundred and sixty two million, seven hundred and seventy-one thousand rand  
**(R9 462 771 000)**

**Programme 3:**

Emergency Medical Services which provides pre- hospital medical services, inter-hospital transfers, Rescue and Planned Patient Transport is allocated four hundred and eighty-three million, seven hundred and seventy- two thousand rand  
**(R483 772 000)**

**Programme 4:**

Provincial and Specialized Hospital is allocated one billion, five hundred and thirty-five million, four hundred and fourteen thousand rand  
**(R1 535 414 000)**

**Programme 5:**

Tertiary Hospital Services is allocated one billion, three hundred and twenty-four million, one hundred and thirty-two thousand rand  
**(R1 324 132 000)**

**Programme 6:**

Health Sciences and Training is allocated four hundred and eighty million, eight hundred and fifty seven thousand rand  
**(R480 857 000)**

**Programme 7:**

Health Care Support Services is allocated three hundred and fourteen million, seven hundred and two thousand rand  
**(R314 702 000)**

**Programme 8:**

Health Facility Management is allocated one billion, five hundred and ninety-nine million, one hundred and eighty-two thousand rand  
**(R1 599 182 000)**

**CONCLUSION**

Madam Speaker, throughout this speech it is obvious that we need additional funding in order for us to deliver optimally. However, because we are in a revolution to make health care universally accessible for all we will do our best with what we have. Because we refuse to be despondent when the weather is bad, we will spread these limited resources to reach as many people as possible.

Notwithstanding the budget constraints, we are driven by absolute faith and a plan of action as declared by the President that the year 2020 is the “year of action” and we are poised to succeed.

Madam Speaker, I want to conclude by again expressing my gratitude to the thousands of healthcare workers to whom I dedicate today's policy statement to, who are working ceaselessly to fight this faceless pandemic and heal the minds of many as they cope with this invisible enemy. Their dedication and stamina is an inspiration to all of us and highly commendable. I feel humbled and proud to be leading a generation of health care workers who sacrifice their time, family and personal well-being to serve our people of Mpumalanga- we are indeed blessed.

I want to thank the people's movement, the African National Congress for showing trust in young people and allowing them space to contribute as active architects of their future. I stand here of behalf of my generation of woman in our movement.

To the Premier of Mpumalanga, Hon. Refilwe Mtshweni -Tsipane – I wish to say thank you Mbokodo for the guidance that we continuously receive from you.

To Hon. JL Thabethe, chairperson of the Portfolio Committee and the honourable members- you have played your oversight role very well in ensuring that we, as the Department account for our programs towards bettering the health of our people and your support does not go unnoticed.

To the Head of Department, Dr S Mohangi and her entire team of healthcare workers and managers thank you for the administrative support you give on a daily basis.

To the governance structures of the Department: the Unions, Clinic Committees, Hospital Boards, Audit & Risk Committee, Mental Health Review Boards, Traditional Healer Practitioners, our developmental partners, our business communities and all other stakeholders in the health sector - we are in this together and should always respect the binding thread to ensure uninterrupted quality health care services to the people of Mpumalanga. I thank you for the unwavering support you have given me since my appointment.

Madam Speaker, I would have committed a colossal error if I sit down without wishing the young people of the Province a very productive youth month. As a vote of confidence in the young people of the Province and in honoring their selfless sacrifices in the struggle for a better South Africa, I have deliberately appointed a sizeable number of young people into our governance structures especially hospital boards. I did this because of my firm conviction that young people bring energy and new ideas into institutions. Hospital boards will never be the same again!

Lastly, I want to thank my family in particular both my parents, sisters, brother and my children for being my pillar of strength. I could not have endured the pressure that comes with work without your support and unconditional love.

We are servants of the people and we refuse to be despondent in the face of challenges or when the weather is bad. We are loyal servants of the people and we refuse to be triumphal in the face of progress on when the sun shines. We choose to serve eternally!

I thank you!



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