



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



2022/2023 POLICY AND BUDGET SPEECH



**Madam Speaker, Hon Makhozane Masilela;
Chief Whip, Hon VF Mlombo;
Premier, Hon RM Mtshweni-Tsipane;
My Colleagues in the Executive Council;
Chairperson, Hon Pat Ngomane 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 Councillors;
Secretary to the Mpumalanga Provincial Legislature, Mr Hubert Shabangu;
DG of the MP Provincial Government, Mr Makhukhu Mampuru;
Acting Head of the Department of Health, Ms. Duduzile Mdluli;
Heads of Other Provincial Departments;
Traditional Healthcare Practitioners;
Developmental Partners;
Organized Labour;
Hospital Boards and Clinic Committees;
Managers and officials of the Department of Health;
People of Mpumalanga Province; and
Distinguished guests.**

Madam Speaker, I rise to deliver the 2022/23 budget and policy statement of the Mpumalanga Department of Health, which is a concrete expression of our people's hopes and aspirations, especially their desire to access and enjoy quality public health care. I am deeply honored to perform this noble task on behalf of our government exactly 20 years after one of the most energetic and uncompromising fighters for democracy and better life for all which include the struggle for access to decent and quality health care for all, Comrade Peter Mokaba stopped breathing and fighting, when he passed on the 9th of June 2002.

The name Peter Mokaba is worth mentioning today in these chamber, not only because we are presenting the policy and budget statement in youth month and Peter was celebrated as a hero of South Africa's youth, but also for the reason that Comrade Peter Mokaba was amongst the first young Africans to be given a responsibility to serve our government as a Deputy Minister in Mandela's first cabinet when he was 36 years old. His work as a young Deputy Minister serves as an inspiration to many of us who were given similar responsibilities at almost the same age, and owing to his great performance, we have made oath never to betray the people's cause and today's budget and policy statement is a testimony to that commitment.



Madam Speaker, policy and budget speeches are a social contract the people's government makes with the people and in many instances, we honour our part of the contract, and as an example today as part of my guests I have Dr Junior Mkhombo, whom I will request to stand and wave to greet this honorable house.

Dr Junior Mkhombo, is a beneficiary of the Provincial Government's bursary program which is announced in policy and budget statements at the beginning of the financial year, and it allowed him at the age of 15 years to join the University of Limpopo's Medical School and pursue Medicine to be counted amongst the youngest doctors in our province and country.

It is for this reason that I find the task I am performing today of delivering a policy and budget speech noble and fulfilling, because through it a child who grew up in a village in Bushbuckridge is amongst the many in the province who have changed their lives and probably those of their families bringing us closer to our commitment of a better life for all. I doubt there is any better way of celebrating youth month and honoring the different generations, which fought for youth development than recognizing young people like Dr Mkhombo and his cohort, and committing to produce as many as possible.

Madam Speaker, I once stood on this podium and explained that as government we are engaged in a struggle to create a better life for all, in conditions which are not created or chosen by us but transmitted to us by history. As a result, it is always important for our people to understand the context in which we are striving to expand access to quality public health care to our people in Mpumalanga Province. This context is best explained by Walter Rodney in his seminal book titled "How Europe underdeveloped Africa" when he argued:

"But in addition, one can see in Africa and in Southern Africa in particular the rise of a capitalist superstructure manned by individuals capable of consciously planning the exploitation of resources right into the next century and aiming at racist domination of the black people of Africa until the end of time."

This extract is important to understand the problems and calamities in the health sector and the cumbersome task confronting us at this moment. In short, we are reversing plans of denying decent health care to the African majority which were designed to last for a lifetime, but because of our conviction and commitment to the people we refuse to give up or be distracted. This legacy of inequalities in the health sector is not only a South African problem, but a global phenomenon which keeps us awake at night and wakes us up in the morning to strive to do more and they were best explained by the Secretary General of the United Nations, Antonio Guterres in a Nelson Mandela Lecture and said:

“Covid19 exposes fallacies and falsehoods including the lie that free markets can deliver health care for all; the fiction that unpaid care work is not work; the delusion that we live in a post-racist world and the myth that we are all in the same boat. While we are all floating on the same sea, it’s clear that some are in super yachts while others are clinging to drifting debris”

Honorable Speaker, we are clinging to drifting debris but doing our best as the Department to change the situation of our people especially rural people and making them experience what those in super yachts experience, and we do this by doing our best to ensure that we build world class health infrastructure in rural areas and doing our best to make sure that our health facilities always have the required medicine. This budget and policy speech will communicate our plans of making those clinging on drifting debris have the same experience as those in super yachts as it relates to health issues.

Women Emancipation & Gender Equality

Madam Speaker, as we deliver the policy and budget speech for the Mpumalanga Department of Health, I am reminded of Thomas Sankara who told us that, “there is no true social revolution without the liberation of women”. The 2022 World Bank report confirms that South Africa remain the most unequal society in the world and the gaps between the rich and the poor continue to widen. The World Bank confirms the theory of super yachts and clinging to drifting debris, and it is an undisputable fact that women are part of those clinging on these drifting debris in all facets of our lives.

What this means is that we may be struggling to eradicate the triple challenge burden that the women of this country suffered for centuries. The ANC government has done well to advance for hegemony of women at the various site of power and influence, we adopted a policy for 50% gender parity, and we now boast with 50% women representative in executive positions. I am proud to announce that during my time, the Department is on course to achieve this target, 46% of senior management are women and I am confident that we will achieve this target during the financial year. However, in the corporate space, the picture is grim – and it is still an agenda that as a government of the day we still need to push.

While we appreciate and celebrate the emergence of women in authoritative positions and various sites of power, we must equally appreciate that we need to accelerate programmes aimed at emancipating women. Our inability to do so contributes to the sustained marginalisation of women. I want to stand here to mobilise women and men alike to sign a new contract to abolish the scourge of violence against women and children, and adopt programmes that maximise utility.

While doing this, which we have spoken emphatically above, the political and economic emancipation should remain at the tenant of our programmes. In the modern day, we must continue to strengthen women to be their own liberators as proven by their history to stand firmly against the most brutal system against humanity. Women, the pillars of our society, should lead social, economic and political developments if there were to be people-centric.

Madam Speaker, a strong sense of conviction drives me in believing that women liberation shall yield and develop an equaliser and counter-mechanisms to wealth distribution. This shall ultimately benefit society, and not only give women the experience of a super yacht but society at large.

Status Update on COVID-19 & Vaccination

Madam Speaker, COVID-19 continue to mutate and circulate within the communities. Currently, we have not yet exited the COVID-19 fifth wave, and we have noted a slow pace in the number of infections recorded as compared to the previous waves. This can be attributed that people have built up immunity against the virus, either through acquired immunity via vaccine or through previous infections. The department has learnt lessons and good practices from the previous four waves, and therefore, it is very crucial to incorporate all the lessons learnt in planning for future pandemics.

As of 08 June 2022, COVID-19 cumulative cases **200 446**, recovered **195 070 (97%)** active **680 (0.34%)**, died **4696 (CRF 2.35%)**. As we will be moving from COVID-19 pandemic to an endemic stage, the Department is in the process of integrating COVID-19 response into routine health services while maintaining continuity of essential health services.

Madam Speaker, we credit our ability to use epidemiological data for case investigation and management and in the process, we have successfully flattened COVID-19 curve. The province has always maintained, on average a recovery rate of above 85% - 97%.

The Province has made progress since the introduction of the vaccination programme in February 2021. The Department adopted and implemented a phase-in approach to rollout the vaccination programme in the province. As of 08 June 2022, a total of **1 359 615/ 3 050 289 (44.6%)** adult population received the COVID-19 vaccine. Ehlanzeni district is taking the lead in the vaccination programme with **54.3% (615 072)** followed by Gert Sibande **41.8% (340 494)** and Nkangala **36.6% (404 049)**.

Madam Speaker, I applaud and appreciate four municipalities that have managed to vaccinate more than 50% of its eligible population being Bushbuckridge at 65%, Govan Mbeki at 57.6%, Emakhazeni at 54.1% and City of Mbombela 51.7%. For ease of access to the vaccination programme, the Department has integrated the vaccination programme into routine health care services.

The Department will continue implementing the existing resurgence plan pillars to mitigate the effects of the fifth wave. The Department will also use the very same hospital isolation wards used during the previous waves for basic patient care. We shall still rely on COVID-19 surveillance and case investigation to assist in early detection of clusters of cases, as we are at the winter season.

Madam Speaker, on the heels of the ongoing COVID-19 pandemic, another zoonotic virus seems to be spreading across the globe. Within a short space of less than three weeks of May, a cluster of Monkey Pox cases were reported from the 6th of May 2022 to the World Health Organizations from the non-endemic countries and published in the Disease Outbreak news on the 21st of May 2022.

As a country and the Province, we have been on a high alert since the report of the outbreak of this disease abroad, as the disease is easily transmissible from one person to the next by close contact and through respiratory droplets. With free movement of people globally, we are at high risk of having the disease being transmitted to our country. Therefore, we are treating each and every case presenting with high fever, headache, swelling of the lymph nodes and body rash with high suspicion, to be able to identify the and contain the disease early.

Madam Speaker, I call upon all sector departments, districts and local municipalities, private companies, non-governmental organizations and institutions, and private individuals as members of the society to continue to work with us to improve COVID-19 response and vaccination uptake and be vigilant about the signs and symptoms on the monkey pox.

Clinic Based Model

Madam Speaker, during the 2020/21 Policy and Budget Speech, as part of my commitment of changing the life experience those in the drifting debris, I introduced a clinic-based model premised at mainstreaming the primary healthcare service delivery system, through a strong partnership and involvement of all stakeholders within communities.

The characteristic of the 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.

Our ward-based model and clinic-based model for the management of COVID-19 have taught us valuable lessons that are diversified and greater stakeholder involvement and that integration should be the central driver of our primary health care response. I have no doubt that with these interventions our people will have an experience of a super yacht.

Primary Health Care Services

Madam Speaker and Honourable Members, it is with great pleasure, to highlight some of the achievements and advances recorded since the delivery of the previous Policy and Budget speech. As the Department of Health, we are committed to ensuring that we serve our community with dignity, and improve their experience in our health facilities. We refuse to allow our people to drown on these drifting debris and we will work day and night to give them the experience of a super yacht in our health facilities.

The Department uses the District Health System which is recognized by the World Health Organization as the best vehicle for implementation or delivery of Primary Health Care, and the purpose of Primary Health Care which is under Programme 2, is to render comprehensive Primary Health Care services to the community using the DHS Model which is comprises:

- District Management.
- Clinics, Community Health Centres and Mobile Clinics.
- Community Based Health Services.
- District Hospitals.
- HIV and AIDS, STI and TB Control.
- Maternal, Child and Women's Health and Nutrition (MCWH&N).
- Disease Prevention and Control (DPC).

Madam Speaker, our focus, determination and ultimate success in addressing all the above will result in reduced morbidity and mortality, which will consequently result in improved health outcomes and increased life span.

We are determined to increase access to health services; the Department renders health services at different levels of care, regardless of the location and reachability of our communities. In areas like remote farms, informal settlements and rural areas with low population, the Department provides health care services by means of deploying mobile clinics to augment our 292 PHC facilities, and particularly in remote and farms areas, we have 92 mobile clinics with 2186 points that service the above-mentioned areas.

There is still a need for 65 additional mobile clinics to replace and to add to the current fleet. However, due to budgetary constraints, the Department has prioritized procurement of 17 mobile clinics in the 2022/23 financial year to assist in sustaining the service, with an estimated cost for the additional mobile clinics which is R19 949 262.00.

School Health

Madam Speaker, to remove health related barriers to learning through a well-functioning Integrated School Health Programme, we have targeted that Grade R/I learners in quantile 1 or 2 schools receive school health services. The Department has established 54 teams comprising of 92 professional nurses that provide school health services to 1680 schools.

Teenage pregnancy is affecting both maternal and neonatal mortalities as teenagers are more prone to illegal abortions from unintended pregnancies and obstetric complications. Madame Speaker during the month of June 2022, we will be hosting Our Deputy Minister as he will be leading a march against illegal abortions in our Province, by removing all advertisement on illegal abortions and conduct a youth dialogue on the access to Sexual Reproductive Health Services (SRH).

To reduce the number of teenage pregnancies, the Department in collaborations with Departments of Social Development and Education continues to monitor deliveries between ages 10 to 19 years, and the following interventions are put in place:

- Integrated School Health Program.
- Adolescent and Youth Friendly Services.
- Establishment of 131 Youth Zones implementing health facilities.
- B-Wise: which is an interactive smart phone platform between the youth and health professionals.

Governance Structures

Madam Speaker, hospital boards and clinic committees play a vital governance role in the operations of our health facilities. At the beginning of the 2020-21 period, we appointed hospital boards for all the hospitals in the province for the next three years in line with the National Health Act. The Department trained all the appointed hospital boards to equip them with the necessary skills and tools to discharge their responsibilities. Currently 30 of the 32 Hospitals have boards and the boards for Impungwe and Watervaal Boven are being finalised. The Department has also appointed mental health review boards in the province and all districts to ensure oversight on mental health issues.

Madam Speaker and Honourable Members, the term of office of the previous clinic committees ended on the 31st of March 2022. Municipalities were engaged to support the nomination process of new clinic committees which has already been conducted, and the whole process is envisaged to be finalized before the end of June 2022. We want to take this opportunity to thank the Executive Mayors, clinic committees, organised labour, local councillors as well as the operational managers for their selfless dedication to the governance of our facilities.

The Department has developed a policy and standard operations procedure to guide the election and functionality of clinic committees with an aim of closing the loopholes studied from the operations of the previous committees. Chief amongst this is that independent persons from the areas serviced by a particular clinic shall chair the clinic committees, as opposed to Ward Councillors as it has been a norm in the past.

The National Health Act 61 of 2003 requires that ward councillors be part of clinic committees to act as a link between the community and the facility, therefore their poor participation result in non-functional clinic committees. Ward councillors do not automatically become chairpersons of clinic committees, and the power to elect a chairperson shall rest with the committee through a ballot.

Diseases of Lifestyle – Non-Communicable Diseases (NCDs)

Madam Speaker, during my previous budget and policy statement, I made commitments that the Department will work in addressing diseases of lifestyle. Let me take you through the progress made thus far.

The Department through the implementation of a Clinic-Based Model, which is anchored through a partnership with communities managed to launch a special project in partnership with the World Health Organization (WHO) of knowing your NCD status.

To date, 1 379 866 citizens managed to test for hypertension and 1 151 147 for diabetes. The Department procured equipment to take blood pressure at facility level and 1000 BP machines were donated to the Province by Astrazeneca through NDOH to be used by community health workers to screen people for hypertension.

Madam Speaker, we commit ourselves to continue to implement this program and also encourage all our citizens to come forward and be tested for non-communicable diseases which are termed diseases of lifestyle, therefore, it is important that we all live a healthy lifestyle to prevent these diseases which compromises our immunity to fight new infections.

Indeed, Madam Speaker, the global prevalence of NCDs remains a concern and COVID-19 has exposed the need for the province to accelerate the management and prevention of NCDs. We therefore commit that in 2022/23 financial year, 1 448 859 screenings will be conducted to test hypertension and 1 208 704 for diabetes.

Our strategy is focusing on the following pillars:

1. Improve community awareness and action on NCDs prevention and control particularly of hypertension, diabetes mellitus, and Chronic Obstructive Pulmonary Diseases (COPD) through engaging and collaboration with communities.
2. Address NCDs service delivery gaps at the earliest possible stage to ensure screening, diagnosis, and the delivery of required medication through community-based distribution platforms.
3. Employ a multi-sectoral approach to recovering and strengthening NCDs services at PHC level

Tertiary Specialist Services

Madam Speaker, as the ANC-led government in the 6th Administration, we committed amongst other things that we will improve the management and treatment of cancer through the provision of oncology services. I am proud that today chemotherapy is being provided at Rob Ferreira and it has been introduced and launched by our Honourable Premier in Witbank Tertiary so that our patients will no longer travel outside the province to sick help. We will be introducing radiation services during the 2022/23 FY at Rob Ferreira Tertiary hospital.

Madam Speaker, in our quest to increase tertiary services, we are forging ahead with our plans to expand radiology services in the Province, all our Big 5 Hospitals (Tertiary and Regional) are now able to provide early diagnosis and prompt intervention by clinicians especially when dealing with multi-trauma patient and other life-threatening conditions. Due to limited radiology specialists, we are progressively introducing telemedicine in the Big 5 Hospitals with specialists, we will offer centralized services to feeder hospitals, thereby improving turnaround time for radiology diagnostic reports for further management.

Reduction of Medico Legal claims

Madam Speaker, I reported previously about the increasing exposure to contingent liabilities due to medical negligence and our Hon. Premier in her State of the Province Address (SOPA) 2022, she instructed the Department to reduce contingent liabilities by 80% in the short to medium term and by more than 90% in the long term.

Madam Speaker, in the quest to achieve the above we have introduced the following interventions during the 2022/23 financial year.

1. Improve records management by digitization of records in the Department and in the main clinical records, which were contributing in us not being able to defend our court cases, 80 million has been set aside and the project has already been initiated, commenced in Rob Ferreira and Themba Hospitals.
2. Appointment of an independent advisory committee on medicolegal matters, which will include amongst others medical specialists, legal, finance and actuary scientists.
3. Strengthen the implementation of the two-pronged litigation strategy and by placing more focus on the clinical aspect to prevent further medical negligence and also focus on mediation to reduce legal fees.

Madam Speaker, I previously stood before you and reported that my Department is progressing in the implementation of a Queue Management System across our main Hospitals to reduce waiting time and improve patient experience of care.

Queue management was implemented in Ermelo, Witbank, Rob Ferreira, Mapulaneng and Themba. The Department continues to fine tune this program so that we derive best citizen experience at our facilities. We will continue to roll out the system to District Hospitals. In addition, my Department is also implementing a Patient Booking System, which will be piloted at Themba, Rob Ferreira, Ermelo, Witbank and KwaMhlanga hospitals during the financial year.

Progress towards attainment of National Development Plan (NDP) and Mid-Term Strategic Framework (MTSF)

Madam Speaker, as the ANC-led government in the 6th Administration, prioritized the provision of quality healthcare for all South African citizens under government priorities number 3: Education, Skills and Health.

The Department of Health is implementing its interventions through its mission which is to improve health status through the prevention of illnesses and promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality, and sustainability.

Albeit, COVID-19 pandemic, significant strides have been made in the last decade to attain towards ensuring a long and healthy life for all citizens and we remain on course towards the attainment the NDP and SDG goal 3, which is to achieve a health system that works for everyone and produces positive health outcomes. We termed it as Universal Health Coverage and finalization of the National Health Insurance as a health financing model that ensure equity for Universal Health Coverage is on track.

Madam Speaker, the Department managed to successfully implement and achieve the following interventions which are all geared towards achieving our impact goal which is to increase life expectancy to 70 years by 2030. According the StatSA 2021 midterm population estimates, South African life expectancy has slightly regressed from 68.4 years in 2019 to 64.6 years for females, while males are at 62.4 years to 59.3 years. We will continue with integrated efforts during and post COVID-19 to achieve the targets for 70 years by 2030.

Madam Speaker, we can see an improvement in the life expectancy if the following outcome goals can be achieved and I will briefly outline them below:

The Department has over the current MTSF planned to improve the management of HIV and AIDS through evidence-based preventative and therapeutic intervention for HIV. I am proud to announce that for the first time since the implementation of the 909090 strategy, Ehlanzeni district managed to achieve all its 909090 targets, we will continue to work as a compact to get the other two districts to achieve their targets.

The attainment of goal 2 which is premised around prevention, management and of TB remains our concern. TB targets have not been achieved due to the impact of COVID-19, the Department will double its effort as we are integrating COVID-19 management together with all essential services in our facilities and ward-based PHC outreach programme to ensure we track and trace TB treatment defaulters and bring them back to treatment as early as possible.

Medical Male Circumcision is one of the interventions to reduce the transmission of HIV preventative program adopted by the World Health Organization (WHO) as an HIV prevention strategy. Male circumcision significantly reduces the risk of sexually transmitting HIV by 60% from a woman living with HIV to a man.

Madam Speaker, the province is currently in a season for traditional male initiation schools commonly known as Ingoma. The Department is supporting the Department of Cooperative Governance and Traditional Affairs (COGTA) in terms of Customary Male Initiations (CMI) commonly known as Traditional Male Initiations. During the CMI season, the Department provides medical, clinical, and technical support on a multisectoral approach thus ensuring safety of the initiates in all the Initiation schools in the province. This is done through the contracted GP's and implementing Partners, Departmental officials and in collaboration with local traditional leaders and established forums.

Madam Speaker, we are still battling with our maternal and child health indicators which have not been achieved, and it has affected our progress towards attainment of goal 3 which is targeting the reduction of Maternal Mortality to below 100 per 100 000 live births, Child Mortality to 30 per 1000 live births, infant Mortality to 20 per 1000 live births during this 6th administration. The Department will continue to implement our strategies such as emergency triage assessment and treatment, capacity building for management of obstetrics cases and the provincial strategy on the campaign for reduction of maternal morbidity and mortalities.

The fifth goal focuses on the reduction of injury, accidents and violence by 50% from 2010 levels. We are prioritising emergency medical services and we have set aside R60 million to procure additional and or replacement ambulances, equipment and advance life support personnel. This will go a long way in assisting our communities to receive quality services within the norm of 30 min in urban areas and 60 minutes in rural areas.

Madam Speaker, the last 4 goals (6 – 9) focuses on the inputs and processes which are needed to achieve all the aspirations of the National Development Plan and ensuring we have a productive and health of our people. These are the goals:

- **Goal 6:** Complete health systems reforms by strengthening the District Health System.
- **Goal 7:** Primary healthcare teams provide care to families and communities.
- **Goal 8:** NHI - Universal health care coverage achieved through the implementation on the National Health Insurance system and our plans are at advanced stages to ensure that we are ready to implement the NHI, which is aimed at addressing the inequalities.
- **Goal 9:** Fill posts with skilled, committed and competent individual, the Department is on developing a critical list of to ensure that appointment are aligned with Departmental strategies and goals, and the list is more biased in attracting skilled health care professionals.

Infrastructure Delivery and Maintenance

Madam Speaker and Honourable Members, in our efforts to expand access to services, this year we will be opening several facilities which we began building in the previous years.

I have received requests and demands from some sectors of the province to increase the operation hours of clinics to 24 hours. However, I have not yet granted permission for the increase of hours of any facilities in line with the National Norms and Standards. The National Norms and Standards provide clear directive on the categories of health establishments taking into account population distribution.

I am fully aware that some of these clinics' infrastructure struggle to meet the demand of the community. In the recent years, we have observed a high rate of mushrooming communities that demand to have fixed structures even if they do not qualify to have one due to population size. These possess a challenge for us because most of the new areas are highly scattered, disorganized, lack basic services owing to that the municipalities' spatial plans does not capture them.

We have developed an infrastructure plan on envisaged construction of health facilities in areas that do not have fixed structures. The Department has also developed a 5- year Provincial Infrastructure Improvement and Maintenance Plan that is aligned to Ideal Clinic initiative informed by District plans.

However, as you know Honourable Members that government can only achieve this in a phase-in approach given the limited resources at the disposal of our fiscals. The challenge is inadequate budget for maintenance and improvement of infrastructure. R10 million has been put aside for clinics earmarked to be Ideal Clinics.

Construction

Madam Speaker, I am proud to announce that this financial year, we will be completing and commissioning the new Middleburg, Bethal phase 2 and Mmamethlake hospital as one of our high-tech hospitals, while we continue to finalize the remaining project which is Mapulaneng hospital. We will also be commencing with the construction of the new Linah Malatji tertiary hospital in Emalahleni Municipality.

Madam Speaker, the Office of the Public Protector raised concerns with the overcrowding of our maternity wards at Themba and KwaMhlanga Hospitals. To correct this, we will therefore resume construction of new maternity wards in these hospitals during this financial year.

In partnership with National Department of Health, we will be completing and commissioning the new Balfour CHC in Depaliseng Municipality and Thandokukhanya CHC to benefit the people of Mkhondo Municipality and surroundings.

Madam Speaker, the Department is heading the call to improve management of mental health care in the province, we are therefore setting aside R30 million to commence with planning and designs of the specialize mental health hospital during this financial year 2022/23.

Greening Health – Just Transition

Madam Speaker and Honourable Members, Mpumalanga Province is engaged in the climate change discussions and has pursuit a journey to consider various strategies towards its pathway to a green and more climate friendly economy. This is a discussion that all of us both in private and in public sector must consider as the country transit towards net zero emissions by 2050.

In the words of Lao Tsu, speaking on the Chinese proverb, said “a journey of thousand miles begin with one single steps”, and therefore as the Department of Health in Mpumalanga I can report that we have started doing some in this regard. I have requested the acting HOD to consult and advise me on the applicable energy mix approach to reduce utilisation of diesel, coal and electricity for reducing the high spending on these items.

I have a strong sense of conviction that a mixed energy approach would assist the department to save lot of money in a long term while we assist the country to reduce carbon emissions.

Budget Vote 10 for 2022/23 Financial Year (FY)

Madam Speaker; the Department of Health Vote 10 is allocated a total budget of R 16 824 794 000 (sixteen billion; eight hundred and twenty four million; and seven hundred and ninety four thousand) for the 2022/2023 Financial Year as per the following budget programs:

Programme 1:

Administration Services has a budget of R361,166,000

(three hundred and sixty one million; one hundred and sixty six thousand).

Programme 2:

District Health Services has a share of R10,499,662,000

(ten billion; four hundred and ninety nine million; six hundred and sixty two thousand).

Programme 3:

Emergency Medical Services is given R446,077,000

(four hundred and forty six million; and seventy seven thousand).

Programme 4:

Provincial Hospital Services has a budget of R1,649,328,000

(One billion, sixty hundred and forty nine million; three hundred and twenty eight thousand).

Programme 5:

Central Hospital Services has a share of R1,493,112,000

(one billion; four hundred and ninety three million; and one hundred and twelve thousand).

Programme 6:

Health Sciences and Training Services has a budget of R510,139,000

(five hundred and ten million; and one hundred and thirty nine thousand).

Programme 7:

Health Care Support Services has a total budget of R295,493,000

(two hundred and ninety five million; and four hundred and ninety three thousands).

Programme 8:

Health Facilities Management Services has a share of R1,569,817,000

(one billion; five hundred and sixty nine million; and eight hundred and seventeen thousand).

Prudent Financial Management

Madam Speaker; I am proud to declare that the Department has once again obtained an unqualified audit outcome for the 2020/21 financial year. However, we must say that there are still few areas of concern which are currently being fixed with a target to reach a clean audit. The achievement of a clean audit outcome will improve confidence of our people in the provision health services.

The Department will continue to build systems to detect, manage and prevent unauthorised irregular fruitless and wasteful expenditure. Most important, we will promote accountability on wrong doing on all officials who are found to be undermining Supply Chain Management Prescripts and PFMA. This Madam Speaker, we are going to do without fear or favour.

We say **NO TO FRAUD AND CORRUPTION!!!** We will reinforce implementation of anti-fraud and corruption strategy, so that money is utilised correctly to expand service coverage to those whom need it the most.

As a Department, we are implementing continuous strategies to reduce health care costs surely without compromising service delivery. The strategies, madam speaker, includes reduction of overtime by appointing full time personnel, rationalisation of distribution of personnel including skills mix using WISN tool and proper management of non-negotiable accounts .

Madam Speaker; the Department remain committed in improving revenue generation and management with special focus on funded patients by Road Accident Fund, Medical aids and other Departments. The Department will, with the support of the Provincial Treasury, install speed point to improve the payment process and personnel will be appointed to strengthen collection and proper administration of patients and clients.

Conclusion

As I conclude I wish to call upon our refrain from burning and vandalising the hard-earned infrastructure including clinics, hospitals and other health facilities. This can only help to take us backward. Rather, let us embrace the spirit of dialogue and work hand in glove in making sure that we resolve our issues amicably.

The vandalism of our health infrastructure impedes on our efforts and work of delivering quality health care to our people. Let us work together to solving the challenges that confronts us together, remember together we can do more and create a better life for all. The struggle of removing all inequalities in the health sector and making sure that we all travel on a super yacht cannot happen overnight. It requires resilience, collective wisdom and unmatched love of the vulnerable.

I would also like to thank our stakeholders in the sector. Without them, our work would have been close to impossible. I would like to thank all our staff and workers, our frontline workers, led by the Acting HOD, for their enduring commitment and dedication. Let me take this opportunity to appreciate the organised labour for its continued support to hold us accountable while representing the interests of their constituency.

Madam Speaker, without committed and active clinic committees, hospital boards, mental health boards and other governance structures, the Department's would have not accomplish its mandate. The Portfolio Committee on Health has always contributed meaningfully through oversight role to hold us to account on our constitutional mandate, strategic imperatives and performance plans. I really wish to pose and salute the aforementioned.

Lastly, let me appreciate our communities in deepening the function of the clinic-based model to address primary healthcare issues, and for their understanding and tolerance amid various challenges. I am indebted to my political home, the African National Congress, for allowing me an opportunity to serve our people.

To our Honourable Premier, Mme Refilwe Mtsweni-Tsipane thank you very much for your sustained guidance.

My family has always been a beacon of my strength, which keeps me going amid lot of struggles. Thank you very much bo Manzini for the unconditional love and upkeep.

Madam Speaker, I table these plans for rescuing our people who are clinging on a drifting debris, and invite this house to hold myself and the Department accountable for the promise of a super yacht experience we are making today. The struggle for a super yacht experience in our health care facilities continues.

Thank you.

NOTES

A series of horizontal dashed lines for writing notes, spanning the width of the page.



VISION
A Healthy Long Living Society

MISSION

To provide sustainable health services that are people-centric and aims at ensuring healthier, longer and better lives focusing on access, equity, efficiency and quality for the inhabitants of Mpumalanga



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