

**POLICY AND BUDGET SPEECH OF THE DEPARTMENT OF HEALTH BY THE
MEC: HON S MANZINI, 16 JULY 2019**

Madame Speaker, Hon B Shiba;

Premier, Hon R Mtshweni-Tsipane;

My Colleagues in the Executive Council;

**Chairperson of the Portfolio Committee on Health and Social Development,
Hon Thabethe;**

Members of the Mpumalanga Provincial Legislature;

Leader of the House of Traditional Leaders, Inkosi Ngomane

Executive Mayors and MMC's;

Secretary to the Mpumalanga Provincial Legislature;

Presiding Officers of the Mpumalanga Provincial Legislature;

**Acting Director General of the Mpumalanga Provincial Government, Mr. KM
Mohlasedi;**

Head of the Department of Health, Dr S Mohangi

Heads of Department;

Developmental partners;

Organized labour

Hospital Boards and Clinic Committees

All stakeholders of the Department

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People of Mpumalanga Province

Madam Speaker;

Frantz Fanon in one of his writings had this to say: "**A government or a party gets the people it deserves and sooner or later a people gets the government it deserves.**" Indeed we as the ANC led government we got the people we deserve in Mpumalanga and the people of Mpumalanga got the government they deserved in us.

It is an honour and privilege to be standing in this august House in front of these servants of the people to present the budget of the Department of Health in Mpumalanga for the 2019/2020 financial year. We are truly humbled by the fact that this morning we are presenting the very first policy budget speech since our appointment to serve the people of Mpumalanga in the capacity of MEC responsible for Health. Before I proceed, let me this moment and congratulate our Honourable Premier, for her re-election as the Premier of the province of the rising sun, and for delivering a brilliant and insightful State of the Province Address (SOPA). The State of the Province Address has laid down a foundation within which all of us must base our work for the term of the 6th administration, and we want to assure the Premier and the people of Mpumalanga that we are determined to serve them with humanity and the greatest degree of sincerity as we gear up towards making significant dents in the challenges facing our health system.

Madam Speaker;

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I would also like to congratulate our former Premier, who has been re-elected into the position of Deputy President in the country, Mr. David Mabuza; not forgetting all the cadres from Mpumalanga, who have been given various portfolios at a national level. This is an indictment that Mpumalanga is a source thought leadership imbued capacity to serve the nation and her people.

Madam Speaker;

We table this budget vote at the backdrop of a very significant month in our calendar July, the month within which we celebrate the birthday of the late President Nelson Mandela, a revolutionary cadre and notable struggle icon who contributed immensely in liberating South Africa against the unjust and inhuman misgovernment of apartheid colonialism.

Nelson Mandela was an exemplary cadre of the movement who embodied defining characteristics of Ubuntu, selflessness and undying love for children, and we shall make sure we celebrate this International Mandela month by giving back to the community through the dedication of the 67 minutes' annual programs, a noble cause which shall characterize the entire term of office of this administration.

It is our view that the noble cause of giving back to the destitute must not only be done during this month, but be a daily practice of our life. I call upon every South African to make this their daily activity, like Mr Mpho Mohlolo from Bushbuckridge whom I have invited today as my special guest.

Madam speaker; Mr. Mpho Mohlolo is one of our chronic patients from Tintswalo hospital who sets a good example of citizenry and makes our province proud by producing wheelchairs using recycled material to assist disabled children. This he is

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doing out of love for children just like the love Tata Mandela had for children of this country. Again this month of July we also remember Solomon Kalushi Mahlangu, a young MK combatant who was brutally murdered by the apartheid police, we draw inspiration from his confrontational bravery and is thus for this reason we aim to significantly undermine the challenges facing the health system in the province; this we say not because we are arrogant, but it is a determination and commitment we make with sincerity as humble servants of the people.

Madam Speaker;

During the State of the Province Address, the Premier clearly demonstrated that the province has prioritized health as a sector that needs serious interventions in order to improve the state of affairs in our health care facilities. His Excellency, President Ramaphosa, also convened the first Presidential Health Summit in October last year, which brought together key stakeholders from a wide range of constituencies in the health sector. These effort from the President and the Premier is a clear directive that Health workers need to be committed and patriotic to the course of healthcare. To all of them, and indeed all of us, this must be a calling. It must be fulfilling to save lives, to cure the sick and bring smiles to the weakest of our people.

Security and Safety

Madam Speaker;

Indeed, I fully agree that in the health sector we are faced with many challenges. One of our biggest challenge right now is the safety of patients and health professionals in our health facilities. We have been experiencing various incidents, where members of the public harass and intimidate our staff and patients.

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Madam speaker, safety is a societal issue which affects all departments particularly in schools and health facilities. We therefore, commit ourselves as a Department in improving security in all our facilities and we will progressively implement our security plan in line with available budget.

Some interventions have been made between ourselves, the Department of Community Safety, Security and Liaison and the South Africa Police Services. We have agreed that security systems in our health facilities need to be improved.

As stated by our Honourable Premier during the State of the Province address, she pronounced and, I quote, *"We shall install turnstiles, security gates, metal detectors and digitalise the security systems in all our healthcare facilities"* closed Quote.

I want to assure the house that over and above the announcement by Premier, a **comprehensive safety and security assessment** will be conducted together with the Department of Community Safety, Security and Liaison to improve safety and security of all health facilities in the province.

I want to appeal to our people to please work together with the Department to jealously guard and protect our healthcare workers and our health facilities because the Community is the rightful owner of the facilities.

We are collaborating with the Department of Education to hold an urgent joint Safety Indaba because of similar challenges faced in schools and health facilities. This indaba will comprise all stakeholders, both in public and private sectors including communities with an aim to find a common solution to this scourge.

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Long waiting times

Madam Speaker;

The President in his State of the Nation Address (SONA) made a clarion call that we must attend to the capacity of our hospitals and clinics in responding to the challenges such as staff attitude, long queues and waiting time confronted by people in our health facilities. This sentiment was echoed by the Premier in her State of the Province Address.

Our mandate going forward is to closely monitor the hours that our people spend in our health facilities. The Department has already developed a plan to respond to this cry and the plan includes among other strategies the following:

- Strengthen patient triaging system by allocating a dedicated official who will be able to triage patients and assist in directing the patients and monitoring the queues in health facilities
- Improve records management by installing filing system which will improve retrieval of files and prevent loss and duplication of files. Installation will commence at KwaMhlanga, Tintswalo, Ermelo and Rob Ferreira hospitals for this financial year.
- All our PHC Health facilities will be rolling out the Integrated Clinical Services Management (ICSM) which is linked to the Health Patient Registration System and booking system for those clients who are coming for follow-ups.

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- Pilot a queue ticketing system at Themba Hospital in this financial year.
- Decant stable chronic patients from facilities by expanding implementation of Centralised Chronic Medicine Dispensing and Distribution (CCMDD) pick up points for chronic medication including patients receiving Antiretroviral (ARV) treatment. By the end of 2018/19 the Department had enrolled 261 551 clients on the program and to date the number has increased to 282 141. We will increase pick-up points from 100 to 150 with specific focus to rural areas.
- Establishment of MECs hotline where the public can register their concerns, complaints and compliments.

Life Expectancy

Madam Speaker;

A Long and healthy life for all remains our core mandate as Health.

Life expectancy, remain a critical factor in the development of any nation and it is for this reason we will continue to strive to provide the best and quality health care services to our people, so we increase their life expectancy in order to enable them to be active participants in the economy of the province. It is our belief that a healthy nation is a productive nation which is why we have not deviated from the National Development Goals (NDG) and 2030 Sustainable Development Goals (SDG) goals which seeks to:

- Increase the average male and female life expectancy at birth to 70 years.

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- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and developing States

We must celebrate that our people in Mpumalanga are able to live longer than before, the life expectancy at birth is now estimated on average at 63.4 years (60.6 males

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and 66.1 females) as per StatsSA mid-year population estimates 2018 from 54.2 years (52.8 males and 57.1 females) in 2011. This is indicative of a functional health system and is as a result of improved health outcomes such as:

- A huge drop in maternal mortality rate from 120 per 100 000 live births in 2017/18 to 92.4 per 100 000 live births in 2018/19. However, we are still experiencing challenges on the rising teenage pregnancy and we are working closely with Departments of Education and Social Development to address this scourge.
- A significant drop in mother to child HIV transmission rate from 1.1% in 2017/18 to 0.9% in 2018/19.
- Increasing number of patients enrolled in the antiretroviral treatment programme from 411 905 in 2017/18 to 464 569 in 2018/19. However, we are observing an increase in HIV new infections and we will intensify our efforts to combat HIV and AIDS.

Healthy Lifestyles

Madam Speaker;

To further improve life expectancy, I will be launching the Healthy Life style and the Departmental Health Promoting Strategy in collaboration with other stakeholders like Department of Culture, Sports and Recreation, our sister Department of Social Development and Mbombela municipality before the end of this month. I would like to have all the districts of the Department to launch their own programs through which all community members will be empowered and encouraged to adopt healthy lifestyle as the way of life. Mrs. Morongwa Dlamini who is the current Mrs. Mpumalanga and

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our employee will be our ambassador for **Healthy Lifestyles** as she is committed to healthy living. She has recently participated in the comrade's marathon. 'As government we believe that healthcare for all cannot be achieved without local leadership and citizen engagement. We therefore undertake to continue to put the health of each citizen of this Province at the centre of our agenda. And we invite leaders of society to work together to turn around the situation.'

Indeed this takes into consideration the fact that long-term health outcomes are shaped by factors largely outside the health system; that is; lifestyle including exercise, eating habits, nutritional levels, education, sexual behaviour, road accidents and the level of violence.

Malaria

Interventions implemented to eliminate malarial deaths are working as the Department has reported 19 malaria deaths in 2018/19 from 96 in 2017/18. To date there has been 3 deaths due to malaria. The strategy includes increasing the number of personnel responsible for the supervision of Indoor Residual Spraying by contracting 56 Senior Malaria Admin Officers for a period of 3 years and 340 Temporal Spray Operators for a period of 6 months, while continuing to work in collaboration with Mozambique and Swaziland through the MOSWASA and Limpopo agreements on elimination of malaria.

Tuberculosis

According to the World Health Organization, South Africa is listed among the world's top 30 high burden countries for TB, TB/HIV and Multi-Drug TB (MDR-TB). Although the number of TB cases is declining in South Africa, tuberculosis remains the main

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leading cause of death. The declining trend on TB case finding is prevalent in Mpumalanga where the TB case finding decreased from 18 856 in 2014 to 11 820 in 2018, with TB remaining the number one killer disease in the province. One of the challenges in TB management is those patients defaulting TB treatment or being lost to follow up. Unlike HIV, TB is curable. We urge communities to work with us to encourage TB clients to complete their treatment and get cured. We will be rolling a program aimed at tracing our lost patients that we don't see on scheduled appointment to reduce the number of patient defaulting on their medication.

HIV and AIDS

Madam speaker, HIV and AIDS remains a global public health challenge, with South Africa running the biggest Antiretroviral programme in the world. According to the Human Sciences Research Council (HSRC) report 2018, approximately 7,9 m people are currently living with HIV, with 4,4 m on Antiretroviral Treatment (ART).

In his State of the Nation Address (SONA) 2019, President Cyril Ramaphosa committed South Africa to initiating an additional 2million people on antiretroviral treatment (ART) by December 2020 by scaling up the testing and treating, and by targeting adolescent girls and young women and reaching men for preventing new HIV infections.

In accelerating our HIV mitigation strategy, the Department adopted a project management approach: Operation Phuthuma- to coordinate efforts across multiple stakeholders, partners and sector departments to join efforts in achieving the 90-90-90 strategy with special focus on youth, adolescents and young women, as well as men.

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The HIV and AIDS treatment remains the largest treatment programme with 469 034 people benefiting from this live-saving treatment. And we intend to increase this number to 521 028 by March 2020. Through the collaboration with Dept of COGTA and the House of Traditional Leadership, we annually circumcise we intend to circumcise 66 000 this financial year. HIV testing, condom distribution remain at the centre of our HIV prevention strategy.

The Department has its effort, to make HIV testing services accessible to communities. We have started implementing what is called Community HIV Testing Services, as well as HIV Self-Screening Services, meaning that people can HIV services provided at their most convenience. We remain committed to 90-90-90 HIV target of ensuring that 90% of Living with HIV know their status, and 90% who know their status is receiving antiretroviral treatment, and 90% of those on treatment is virally suppressed, meaning that they are living healthier lives. This however cannot be achieved if individuals, couples, families and most importantly our communities are not presenting themselves for these deserved services.

Neonatal Mortality

Madam Speaker;

The province is struggling with the reduction of neonatal mortality which constitute a bulk of child mortalities. The major contributory factors are prematurity and asphyxia at birth coupled with inadequate resources to manage such cases in the province.

To address this, we are going to increase the number of neonatal high care beds in Witbank Hospital and appoint nurses with neonatal care skills. The department will

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continue training health workers on management of small and sick neonates and the Help Baby Breath strategies.

Madam Speaker; I am making a humble plea to young girls to desist from using bogus institutions for Termination of Pregnancy (ToP), we also call upon the law enforcement to help us in arresting all the illegal street vendors who continue to practise illegal termination of pregnancy. This does not only affect our fight against Neonatal mortality but it also puts the life of our young girls in danger which may result in death. We call upon parents to make use of our health facilities for family planning and termination of unplanned and unwanted pregnancy. We urge our clinics and all facilities to continue with the dedicated team of nurses to assist young people with advice.

Tertiary Services

Madam Speaker;

The Department is in the process of expanding the service delivery platform to increase the tertiary services provided to our people. To achieve this the department has partnered with WITS University and signed an MOU in 2018 to provide support in the following areas:

- Registrar training (doctors who are training to be specialists)
- Development of Tertiary Services (the priority for this year is Oncology (cancer), Cardiology (heart diseases), Nephrology (kidney diseases) and Radiology (x-rays) Services)
- Provide specialists outreach services

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- Setting up follow-up clinics in Rob Ferreira hospitals in identified clinical disciplines
- Provide the province with support in the recruitment of specialists
- Supporting Rob Ferreira to get accreditation for Registrar training
- Training and development of health professionals

I would like to acknowledge the presence of Prof Wezile Chitha, Assistant Dean at Wits University who is here amongst us.

Madam Speaker;

The Department has for the first time in the history of the province taken a bold step of establishing Oncology services in the province.

Our people were traveling to Gauteng province to seek specialized care including cancer treatment. Honourable Speaker, let me announce that in August 2019, we are going to open the Oncology Chemotherapy services at Rob Ferreira Hospital.

Availability of Medication

Madam Speaker;

The President has made a call for zero tolerance of shortage of medication. The Department has put systems in place to improve availability of medicines by implementing and monitoring the availability of medication on a weekly basis through the Stock Visibility System (SVS) in primary health care facilities and RX Solution in hospitals. The Department will ensure that no patient is returned home without medication - an alternate medication will be given in the event of shortages.

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NHI:

Madam Speaker;

According to Chapter 2 of the Constitution in the Bill of Rights, it clearly states that “everyone has the right to have access to health care services including reproductive health care and no one may be refused emergency medical treatment” as the Dept of Health, we are committed to this rights and ensuring that all citizens enjoy this right as enshrined in the Constitution.

The Department is committed towards achieving Universal Healthcare Coverage (UHC) that will be attained through the implementation of National Health Insurance (NHI). The provincial coverage under NHI will ensure that all citizens of the province have equitable access to comprehensive quality health care services irrespective of their economic status and ability to pay for the services.

Hence, most of the initiatives that were piloted in Gert Sibande District that is a NHI pilot site are being rolled out in phases to the other two Districts namely Nkangala and Ehlanzeni.

The Department acknowledges that implementation of the NHI demands a high level of commitment that must be coupled with consistent application of the World Health Organization’s health system six building blocks which are:

- i. Leadership/governance
- ii. Health care financing
- iii. Health workforce

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- iv. Medical products and technologies
- v. Information and research; and
- vi. Service delivery

The Department is ensuring that all the above building blocks are being strengthened so that the strategy of NHI can benefit all our people.

Quality of care

Madam Speaker;

The core function of the Department of Health is to provide quality health care services to all, in this regards it refers to the people of our Province Mpumalanga. Quality of care has a number of key components, it encompasses effectiveness, efficiency, access, safety, equity, appropriateness, timeliness, acceptability, patient responsiveness or patient-centeredness, satisfaction, health improvement and continuity of care.

Quality of care is also evidenced through a staff complement that has correct skills mix and professional competency that is an effective health care which meets the health care needs of the people and achieves good health outcomes. In some instances, limited resources continue to undermine our effort to deliver quality health care but these, Madam Speaker, this cannot defocus us from working hard to deliver our mandate to provide quality services to our people.

Madam Speaker the question that we need to answer all of us together with our stakeholders since health is everybody's business, is this: how can the citizens of Mpumalanga be assured that they will receive high quality healthcare if they need

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health care in their communities? We should not have a situation where one Hospital/Clinic performs better than others, all our health care facilities must perform optimally and all our patients ought to be reassured that the key elements of a high-quality system are in place and the importance of continuity of quality healthcare is therefore in line with the appropriate package of quality health services at all levels of our health facilities.

The department has 133 out of 287 primary health care that has been assessed by the national department and they have achieved Ideal Clinic status. The plan for this financial is ensure that an additional 58 clinics achieve the Ideal Clinic. This financial year our hospitals are going to implement the Ideal Health facilities framework in an effort to improve quality of care.

Madam Speaker; the strategies I have outlined in improving quality of health care are in line with the report by the Global and National Lancet Commission on quality care.

Madam Speaker;

Strengthening primary health care through re-engineering of PHC services, is a provincial priority in order to improve quality of care, health outcomes, reduce inequity and to pave the way for National Health Insurance;

Primary Health Care re-engineering refers to implementation of various interventions that are aimed at promoting the Preventative and Promotive health care services at community-based level while ensuring improvement of quality of care in PHC facilities. The focus is more preventative than curative.

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Implementation of the five (5) streams of PHC reengineering will ensure improved access to quality health care.

The province has a total number of 235 (506) Ward Based PHC Outreach teams established that cover 201 of the 402 electoral wards. These teams reach out to the communities at household level. The plan for this financial year is to increase the outreach teams to cover all wards and monitor the functioning of the teams.

Madam Speaker;

Fifty-five (55) additional School Health Teams will be established to attend to the health needs of the school going children and assist in identifying and addressing the health barriers to learning. The total of 121 School Health Teams will cover 1917 schools inclusive of the special schools.

The province is aiming at increasing the number of PHC facilities that are meeting the standards of being an Ideal Clinic by ensuring that 100% (287) of PHC facilities have their Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realization and Maintenance (PPTICRM). In this financial year we plan to increase the number of clinics that have reached ideal status from 133 to 191.

EMS:

Madam Speaker;

The shortage of ambulances remains one of the biggest challenges we are facing in the Department. Every day we receive complaints from the public that our ambulances are not arriving on time when there is a call out.

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We must acknowledge that indeed the problem is true. That is why we have prioritized the purchasing of ambulances for this financial year. The province currently has 88 operational Ambulances. In the previous financial year, we purchased 17 ambulances, and indeed this is not enough.

This year, we will be increasing the number by purchasing about 35 ambulances. We have also requested assistance from our local mines. Anglo- American has promised to purchase two (2) ambulances. The need is too high, we therefore humbly call upon our business communities to join hands with us and assist in purchasing ambulances to improve access to emergency services.

Madam Speaker;

We would like to acknowledge that we are facing a serious challenge of the shortage of health professionals. However, we are doing our best to close this gap within the available resources:

- The Department retains bursary holders every year and will be able to retain 38 doctors, 193 Professional Nurses, 11 Pharmacists, 2 Dentists and 28 Allied personnel on completion of community service in January 2020.
- The Department will increase the current number of gazetted posts for community service personnel from 562 in 2019 to 667 in 2020.
- We will ensure that replacement of all categories of staff that vacate their posts through transfers, resignation and deaths takes place within a reasonable period.
- Posts are advertised on a regular basis to attract the required skills.

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However, the current number of health workers are still inadequate at all levels, hence the department will continue to recruit and appoint critical skills that the department requires to deliver quality healthcare.

I am also proud to inform the house that there are five of our staff members in our midst that have received their PhD or doctoral degrees- Dr J Maunye who is the principal of the nursing college had her PhD in **????**. Dr T Maziya , a lecturer at the nursing college has completed her PhD in **????**. Dr Cheryl Nelson, the Director of Primary Health Care in Nkangala district has achieved a PhD in **???**. Dr Mulelo is a medical doctor and the CEO at Lydenburg has completed his PhD in **????**

Infrastructure

Madam Speaker;

Our province has prioritized investment over consumption, hence over and above the five primary health care facilities(**Nhlatzatshe 6, Pankop, Vukuzakhe, Schuzendal, Oakley**)pronounced by the Premier to be opened during 2019/20 financial year, the Department , in collaboration with the National Dept of Health intends to commence with construction of three (3) PHC facilities in Msukaligwa, Ethandukukhanya and Balfour in this current financial year.

We want to affirm that the business case for the downgrading of the current Witbank tertiary to a regional hospital and construction of new Emalahleni Tertiary Hospital is at the advance stage.

The Infrastructure Unit has improved in the planning and implementation of health infrastructure together with the Implementing Agent, Department of Public Works, Roads and Transport. The Department is currently undertaking the following major

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infrastructure projects such as construction of Bethal, Mmametlhake, New Middelburg and New Mapulaneng Hospitals.

Financial Heath

Madam Speaker;

The Department has over the past 2 years put internal controls and systems in place to improve the audit outcomes of the Auditor General. The Department was qualified on seven areas in 2015/16 which decreased to three in 2016/17 and to one qualification on contingent liability in 2017/18 financial year. We have implemented strategies with a hope to achieve an unqualified audit opinion in 2018/19 financial year. Contingent liability is one of the highest risks in the Department of Health, not only provincially but nationally as well. The Department will be reviewing its litigation strategy to be in line with the national one as soon as it is approved. A bench marking exercise has been conducted with other provinces and the Department is confident that it will be able to decrease the contingent liabilities by 50% over the MTSF period.

Medico- legal Cases

Madam Speaker;

Let me clarify that contingent liabilities include all claims that the Department has received irrespective of it going to court or not. Some cases have prescribed and others may not even go to court hence the Department only pays for those cases that have been successfully proven in court. Hence, please note that the Department will not be paying R10 billion for liabilities but only for these cases proven against the Department. Over the 5 years we have paid R 162 352 821.

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Madam Speaker;

The Department is strengthening its control environment within financial management. As a result, we managed to reduce accruals from R 851 million in 2017/18 to R 581 million in 2018/19 and fruitless expenditure from R 16.5 million in 2017/18 to R 2.8 million in 2018/19.

Madam Speaker;

Stakeholder Engagement

Madam Speaker, we will continue to deepen our stakeholder engagement - we have witnessed how the private public partnership (PPP) is working towards the improvement of our people's lives and bettering specifically healthcare service delivery. We are grateful for the contributions we received from different entities which includes donations such as mobile clinics, infrastructure development, medical equipment and ambulances.

The oversight role played by governance structures- clinic committees and hospital boards continue -play a central role in provision of quality health care, hence I have invited them. The department recognises the role played by our traditional health practitioners in our community they remain our important stakeholder in the system. These stakeholders are an integral part of the department, we will continue to work with them for the betterment of our communities.

Madam Speaker, like we said, health is everybody's business and therefore "together moving towards a long and healthy life for all in Mpumalanga" this must on all our agendas. We all belong to our wards, all of us, regardless of our political affiliations, let us ensure that every person at ward level knows his or her HIV status; every

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pregnant woman attends Antenatal Care; every child is immunized and all the men are circumcised. We will then be assured of a healthy Province and a productive prosperous Mpumalanga.

Madam Speaker;

I thus present in this august House the Department of Health budget for the 2019/2020 financial year as per programme which, in our view, it will further enhance health care service delivery in our Province, the budget breakdown is as follows:

- **Administration: Three Hundred and Twenty-Two Million, Two Hundred and Seventy-Six Thousand Rands (R322 276 000)**
- **District Health Services: Eight Billion, Seven Hundred and Ninety-Five Million, Four Hundred and Fifty-Seven Thousand Rands (R8 795 457 000)**
- **Emergency Medical Services: Four Hundred and Thirty-Five Million, Three hundred and Seventeen Thousand Rands (R435 317 000)**
- **Provincial Hospital Services: One Billion, Five Hundred and Forty-One Million, Three Hundred and Twelve Thousand Rands (R1 541 312 000)**
- **Tertiary Hospital Services: One Billion, Three Hundred and Twenty-Seven Million, Two Hundred and Sixty-Eight Thousand Rands (R1 327 268 000)**

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- **Health Sciences & Training : Four Hundred and Fifty-Three Million, Three Hundred and Fifty-Three Thousand Rands (R452 353 000)**
- **Health Care Support Services: One Hundred and Ninety-Four Million, Eight Hundred and Fifty-One Thousand Rands (R194 851 000)**
- **Health Facilities Management: One Billion, Three Hundred and Seventeen Million, Nine Hundred and Seventy-Five Thousand rands (R1 317 975 000)**

The total Budget for the Department which we request your approval for is:

Fourteen Billion, Three Hundred and Eighty-Six Million, Eight Hundred and Nine Thousand Rands (R14 386 809 000)

Madam Speaker I will be failing in my responsibility if I don't acknowledge my ever committed HOD Dr Savera Mohangi her energy is amazing in the line of duty not forgetting my hard working health care workers who perform their duties with skills, dedication and compassion despite the challenging circumstances and for this they have to be commended and I appreciate

I would also like to thank the Portfolio Committee on Health and Social Development under the leadership our new Chairperson, Honourable; Thabethe. To Provincial Treasury, MEC Ngomane and the Premier Honourable R Mtsweni-Tsipane, thank you for the support and understanding of the sector challenges. Let me take this opportune moment to convey my greatest appreciation to the gallant congress movement of the people (ANC) for having trusted me to lead on of the critical

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departments in the province, mine just like OR Tambo is to continue serving our people with humility, dignity and honour. My family for their continued and unconditional support as I execute my duties, I am truly humbled to have such a supportive family. Lastly let me thank the people of Mpumalanga for their continuous reminder that their health takes priority at all times, organized labour for protecting and organizing workers at their work place, Traditional leaders for their moral guidance, Business community for the continued support to the department, Municipalities and our sister departments in government.

Madam Speaker as I conclude allow me to borrow the words from the former President of Ghana Kwame Nkrumah when he says: **“Countrymen, the task ahead is great indeed, and heavy is the responsibility; and yet it is a noble and glorious challenge - a challenge which calls for the courage to dream, the courage to believe, the courage to dare, the courage to do, the courage to envision, the courage to fight, the courage to work, the courage to achieve - to achieve the highest excellences and the fullest greatness of man. Dare we ask for more in life?”**

I Thank you

Re a leboga

Hi ya khensa

Siyabonga