

**SPEAKING NOTES OF THE MEC FOR HEALTH: HON
SASEKANI MANZINI -THE PORTFOLIO COMMITTEE ON
HEALTH
11 JUNE 2020**

Chairperson of the Portfolio Committee,
Members of the Portfolio Committee,
Head of Department, Dr S Mohangi,
Senior Managers of the Department,
Officials and Support Staff of the Legislature,
Good morning

Honourable Chairperson, thank you very much for the invitation and the opportunity to once again interact with the portfolio committee, and to present our 4th quarter report and our 2020/21 Annual Performance Plan (APP).

I am deeply honoured to have the opportunity with the Department I lead to appear and account before to the Portfolio Committee. I appreciate this opportunity on behalf of the team I am leading as the Executive Authority of the Department.

Honourable Chair, I am addressing this Portfolio Committee today during the youth month and five days before the 44th anniversary of June 16 uprising in Soweto, which saw scores of young people dying brutally at the hands of the then apartheid police.

The June 16th struggle should actually remind us of the important role played by the generations that came before us in shaping the history of the struggle to liberate this country from the previous oppressive regime. June 1976 saw an emergence of a militant cohort of young people so determined to overthrow the oppressive policies of the apartheid regime.

The 1976 struggle culminated in the intensification of the struggle for total liberation of blacks in general and Africans in particular. That struggle continues even to this very day.

Honourable Chairperson, we address this Portfolio Committee today when the whole world stood up in arms against racism after the brutal murder of George Floyd on the 25 May 2020, in the United States of America (USA). May his undying spirit rest in eternal peace.

As the people of the world, and the people who witnessed the first hand brutality of heartless police, we stand in solidarity with the Americans and the world against racism perpetuated to black people globally.

Ordinarily when we are in parliamentary platforms, we normally confine ourselves honourable chair, to an extent that we accidentally shy away to talk about these issues and focus on governance and policy issues.

However, it is high time that we use every available avenue to raise our voice against racism, imperialism and neo-colonisation.

Black people remain the victims of the idealism that takes away our dignity; that took away our right to own property; that took away our

inherent right to define our own governance systems; and took away our right to define ourselves as people.

The racism ideals diminished many families and produced the triple challenges of poverty, inequality and unemployment, mostly suffered by women up until today.

Honourable Chairperson, from the governance point of view, you would have noticed the Department has recorded significant advances and performance improvements in a number of programmes and sub-programmes in the last quarter of the previous financial year, as well as the preceding quarters.

Of course, Honourable Chairperson, we all understand that this improvement is also ascribed to the support of this Portfolio Committee, through its oversight mechanism. For that, I want to take a moment to appreciate this Committee for its unwavering vehemence to hold us accountable.

Honourable Chairperson, it is for this reason that I always am happy to come before this Portfolio Committee. Accountability is a good thing- it does not only focus on performance, compliance and reporting but also provides one with an opportunity to get feedback after assessment from a different dimension by the legislative arm of the state that monitors the effective , efficient and economic utilisation of resources.

COVID - 19

Honourable Chairperson and Honourable Members, from the health perspective, I think we all know that globally, the sector is under immense pressure from the devastating Novel Coronavirus, known as COVID-19. We never imagined that we would ever see even the best health systems plagued into chaos.

Honourable Chairperson, following the World Health Organisation (WHO) proclamation of the COVID-19 as a Public Health Emergency of International Concern and then a pandemic, global states had to adopt strategies to respond to COVID-19.

The President of the Country: His Excellency Cyril Ramaphosa proactively, after consulting widely across various spectrum, declared the national state of disaster that introduced the lockdown approach.

The Minister for Health: Dr Zweli Mkhize did state that the lockdown was not a panacea to COVID-19 but designed to allow the health system time to prepare for the anticipated surge.

On the 19th of May 2020 the Department appeared before the Portfolio committee and provided the Committee with the briefing and the progress report on the preparedness of the Department in controlling and managing the spread of COVID-19 in the province.

Honourable Chairperson, just to give you a highlight of the current status, as it stands; Mpumalanga has **202** COVID-19 cases, (Ehlanzeni

accounting for **83** cases, Gert Sibande **75** and Nkangala **44**.) it is important to note that we are having **116** recoveries from the 184 cases currently monitoring 86 active cases. (**Numbers to be reworked**)

FIRST COVID-19 DEATH IN THE PROVINCE

However it is also with sad hearts that the Department can report to the committee about the first recorded COVID-19 death in the province. May her soul rest in eternal peace.

The patient was a known 35 year old lady with chronic condition, admitted on 26th May 2020, and when assessed by clinicians she met the criteria to be a Person Under Investigation (PUI) for COVID-19. As per the guideline, all persons who attend our health facilities with respiratory illnesses and meet the criteria for PUI are tested for COVID-19; she was tested for COVID-19.

The patient was admitted in our isolation ward where she was closely monitored and treated by our healthcare professionals in the facility. Unfortunately, due to the nature of her underlying co-morbidities, she passed away on the 30th May 2020 while awaiting for her COVID -19 results. We received her results on the 4th of June 2020 that confirmed the positive COVID-19 results.

The shortage of reagents to be able to timeously conduct the tests in country, results in long delays in obtaining the results from the NHLS. Well that is not a problem of our country only but it is a global challenge that the National Department is working on, and we are seeing an improvement because we are starting to receive the results from the backlog.

EPICENTRES

None the less Chairperson it is important to acknowledge and appreciate the great work done by the Department thus far in curbing the spread of COVID-19. Given the fact that Mpumalanga borders two countries and four provinces, it makes us vulnerable to high mobility and increases the chances of importing the virus.

We reported that Nkomazi and Dr Pixley Ka Isaka Seme were our COVID-19 epicentres. Dr Pixley Ka Isaka Seme recorded 17 cases and currently there is no active case that is being monitored. All the 17 cases that we had have fully recovered.

Nkomazi, was our first epicentre and had recorded 23 cases and currently, we are monitoring only two active cases. However we cannot be complacent, we are not going to lose our focus from the two municipalities, and they remain our hotspots that we are closely monitoring

Honourable Chairperson, the above success is premise on our ability to identify and trace contacts within 24 to 48 hours, immediately isolate and quarantine.

Since the first case, we have activated our teams and traced all contacts. Working with the Department of Public Works, Road and Transport we provided quarantine and isolation support to those that could not self-isolate or self-quarantine.

HOTSPOTS

As I mentioned that we are not going to be complacent about the state of COVID-19 in the province because of the relatively lower numbers and mild cases we are getting as compared to other provinces - we are going

to be vigilant and continue to monitor the initial two Epicentres and have further identified more areas that are hotspots:

1. Mbombela because it is the capital of the province which has a lot of movement of people and the number of people who are infected is also rising.
2. We are having our eyes closely on Emalahleni because it is the economic hub of the province.
3. Chairperson we have also identified Govan Mbeki as a hot spot area due to the mines and power stations in the area and I can say that the first case that came from the mines was from Sasol.

VISIT TO THE MINES

I therefore took an opportunity to personally visit and support the mines within the province to check on the compliance and readiness in curbing the spread of the virus within the mine communities. Thus far I have visited 4 mines in the province. Our visit is assisting them because they are able to identify the gaps to be able to come up with corrective measures.

I can say that some of the mines have really gone an extra mile to prepare for their workers including their families. There are a few who still need to improve and do better. But we understand that COVID-19 is a new disease and that we are all learning and we believe that together we can change the situation and be able to prevent our communities from being infected.

ANALYSIS ON FOURTH QUARTER REPORT

Honourable Chairperson, during Level 5 and Level 4 of the Lockdown, some argued that the health system enjoyed a level of relaxation because we focused less on other health matters and reduced the number of

hospital intakes etc. Indeed the hospitals admissions were reduced as there were less trauma cases that come as an outcome of drugs and alcohol abuse but it is untrue that government defocused its approach.

The health system in Mpumalanga continued to provide uninterrupted health services to the people. Our approach was to provide stable chronic patients with three-months supply of their medicines with an aim of minimising their visits to health facilities; however, the Department requested those who were unstable and needed stringent monitoring and assessment to retain their schedules and come to facilities for their treatment and assessments

Therefore, the overall preliminary performance in the quarter under review is at 63%, as compared to 64%, 55% and 69% achieved in the 3rd, 2nd and 1st quarters of 2019/20 respectively. The Department is likely to achieve above 63% on the annual performance report of 2019/20FY. The financial expenditure is at 99.8%.

The following key indicators which measures the implementation of health outcomes and measures the effectiveness of the health system have been achieved due to various interventions implemented by the Department among others being the:

- The implementation of the provincial strategy on management of Maternal and Child health that yielded positive outcomes in the following:
 - Maternal Mortality is at 45.8 per 100 000 live births below the planned annualised target of 141 per 100 000 live births in the quarter under review and at 66.6 per 100 000 live births in 12 months of 2019/20 FY. Performance has been contained below

70 deaths per 100 000 live births throughout the financial year, this is below the Sustainable Development Goals (SDGs) and National Development Plan (NDP) 2030 targets.

- 1 635 933 HIV tests have been done since April 2019 to March 2020. Of these 417 665 were done in the quarter under review, surpassing the planned quarterly target of 270 569.
- 514 605 ART clients remained on the Anti- Retroviral Treatment (ART) programme at the end of March 2020, slightly below the planned target of 521 026.
- Approximately 96% of children under 1 year were fully immunised during the quarter under review, surpassing the national norm of 90%.
- Chairperson we had 24 137 (320 701 Cumulative) patients that were enrolled on the Centralized Chronic Medicine Dispensing and Distribution (CCMDD) Programme to ensure that chronic patients receive medication at their nearest collection point, surpassing the planned annual target of 244 000.

This initiative has assisted to give our people hope and to respect the call of the Honourable President to stay home during the COVID-19 period.

I think it is important that we take stock of the achievements, and appreciate the selfless sacrifice by all our Health Care Workers who are also now in the frontline of the battle against COVID-19.

APP – 2020/21

Honourable Chairperson we are here today to also present our Annual Performance Plan that we strongly believe comprehensively responds to the priorities identified by cabinet of the 6th administration of Democratic South Africa, as embodied in the Medium-Term Strategic Framework (MTSF) for period 2019-2024.

The main aim of our plan is to eliminate the avoidable and preventable deaths in the province and improve health outcomes by responding to the quadruple burden of disease in South Africa, hence we will be monitoring the diseases of lifestyle like the Diabetes and Hypertension to determine the burden we are having from these two diseases and ensure that 90% of our population know their health status and 90% of them who know are on treatment.

Honourable Chairperson, we remain convicted in the implementation of the National Health Insurance (NHI) to deliver Universal Health Coverage. The current outbreak has reaffirmed the urgent need to strengthen Primary Health Care as the cornerstone of Health. Hence we continue in ensuring that all our facilities become ideal and provide quality health care services.

Honourable Chairperson, with that said, we are here to present the 2019-2020 4th Quarter Report and 2020-2021 Annual Performance Plan of the Department.

I thank you!