

**BUDGET SPEECH VOTE 7 FOR THE DEPARTMENT OF HEALTH
2022/23.**

**SPEECH DELIVERED BY LIMPOPO HEALTH MEC, DR PHOPHI
RAMATHUBA AT THE LIMPOPO PROVINCIAL LEGISLATURE,
LEBOWAKGOMO, TUESDAY, 29 MARCH 2022.**

Hon. Speaker and Deputy Speaker;

Hon. Premier Chupu Stanley Mathabatha;

Colleagues in the Executive Council;

Hon. Chief Whip and Chair of chairs;

The Chairperson of the Portfolio Committee on Health Hon. Joshua Matlou;

Leader of the official opposition;

Hon. Members of the Provincial Legislature (MPLs);

Director General of the Province and all HODs;

Leaders of the religious community;

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

Good morning!

We come to this August House galvanised by this government's priorities outlined in the State of the Province Address delivered by the Honourable Premier, Mr. Chupu Stanley Mathabatha. It was evident from the premier's address that the province is still facing steep and daunting challenges on different fronts, and our portfolio is no different.

In the same breath, we want to assure the people of Limpopo that no challenge is bigger than the ANC-led government. We will and we shall overcome. As we proceed, let us be sure to strike a perfect balance among such imperatives as economic recovery, inclusive growth, saving lives and livelihoods and creating a conducive environment for the people of Limpopo to have a long and healthy life. As Limpopo rises, the Department of Health will be front and centre in ensuring the health needs of our population are catered for without fail, comprehensively and without discrimination. Covid-19 has taught us that without a healthy nation economic growth, job creation, poverty eradication will remain a pipe dream, hence the time to start seeing health as an investment rather than an expenditure is long overdue.

We welcome the opportunity afforded to us to report on the achievements and future programmes of the Department of Health in strengthening the healthcare sphere and accelerating the provision of healthcare services across the length and breadth of our province. It is important to report upfront that a considerable number of our programmes we had envisioned to implement in the previous financial year were disrupted by the on-going COVID-19 pandemic.

However, despite such difficult circumstances, we must applaud the men and women in the healthcare sector who have demonstrated resilience and innovation, resulting in us registering significant progress. We are confident that the next financial year, as the department learns to operate in the new normal, will allow us to operate in a better environment, addressing fundamentals, and setting the department on an upward trajectory.

COVID-19, HIV, STIs and TB, Malaria control and MCWH & N Programmes

Honourable Speaker,

We take this opportunity to thank the people of Limpopo for not only accepting vaccination, but for their cooperation since the 16th March 2020 when we registered our first COVID-19 case. Our push back strategy as led by the Provincial Command Council focusing on health promotion and disease prevention has yielded results including the successful phased in implementation of the vaccination programme which helped us to curtail the severity of the COVID-19 pandemic. Our province led one of the biggest vaccination programmes in the country, which was easily accessible and the accolades that were heaped on us are now common knowledge.

To date we have registered a total of 155 689 COVID-19 cases and sadly 4574 of our people succumbed to the disease. It must be emphasised that majority of these deaths that occurred prior vaccination were people with co-morbidities and some of them were at an advanced ages. Those deaths that occurred post 17 of May 2021, when we introduced vaccination roll out for the general public were not vaccinated hence We welcome and reemphasize the call made by the Premier during his State of the Province Address for all eligible citizens to get vaccinated and also receive the booster vaccine.

Limpopo Department of Health implemented the vaccination program through a combination of primary vaccination sites located in hospital and PHC facilities and the deployment of mobile vaccination teams. The mobile vaccination teams have vaccinated clients on various platforms including farms, shopping centres, work settings, community halls, and taxi ranks. As of 4 March 2022, Limpopo Department of Health had administered 3.1 million doses of COVID-19 vaccines representing adult first dose vaccine coverage of 54%. Special appreciation to the above 50 who have long passed the 70 percent target of being vaccinated.

Despite the implementation of the Covid-19 vaccination program, the Covid-19 remains a substantial burden to the already resource constrained health system. The Covid-19 virus continues to mutate resulting in constant threat of emerging Covid-19 variants. Thus, it is predicted that South Africa will experience a fifth Covid-19 wave in May and June 2022. Although majority of the expert predict a less severe wave, the threat of a more virulent Covid-19 variant cannot be disregarded. Therefore, the department has to ensure capacity to respond to the next wave in terms of all the pillars of the Covid-19 response.

Honourable Speaker,

Allow me to invite this august house in congratulating and thanking our healthcare workers in the province who have made it possible for many of us to be still alive despite the brutality of the first, the second and the third wave. As province, our efforts in fighting the pandemic were even recognised by the Minister of Public Service and Administration, Mme Ayanda Dlodlo at the recent 7th Batho-pele Annual Awards, where our very own physician and head of internal medicine, Dr Phetho Mangena scooped a gold award as the best doctor in fighting the Covid-19 pandemic in the entire country. **Rea go lebogisha Mmirwa!**

Honorable Speaker

HIV and TB Programme

The implementation of the 10-point plan strategy to accelerate the achievement of 90-90-90 targets, was affected by the focus on the COVID-19 pandemic as in some cases, the same staff had to perform both activities. Having learned from the 2020/21 financial year experiences wherein we regressed due to the focus and resources deviated towards fighting COVID-19, we were able to develop catch-up plans which included integrated healthcare services hence there has been improvements in the response to the control of the HIV and TB pandemics.

More than 350 000 clients were tested every quarter during the 2021/22 Financial Year in the roll-out of the HIV Testing Services (HTS) programme. This represents a persistent achievement rate of more than 90% of the target of clients that are to be tested throughout all the quarters. The performance is attributed to the improving numbers of people visiting our facilities, the intensified integrated health screening activities during the commemoration of World Aids Day (WAD) 2021, World TB Day 2022 and collaboration with funded support partners who conduct community-based testing.

The Anti-Retroviral Treatment (ART) initiations remained between 8000 and 9000 per quarter. The high loss to follow up led to the slow but steady rise (from 389 960 in quarter one 2021/22 to 404 506 at the end of quarter three 2021/22) in the total number of clients remaining on ART (TROA). To deal with high loss to follow up, the department plans to be proactive in managing loss to follow up by encouraging treatment support right at the start of treatment and investing more in adherence counselling, while implementing Universal Test and Treat.

The Prevention of Mother to Child Transmission (PMTCT) programme is continuing to reduce maternal HIV vertical transmission however the target is not met. As at the end of December 2021, we had a transmission rate of 1.0% against the annual target of 0.6%. When pregnant and breastfeeding mothers interrupt treatment around delivery and during post-natal care, their viral loads increase and therefore puts the new-born babies at a higher risk of transmission during or soon after birth. Expectant and new mothers need all the support they can get from all of us in order to adhere to treatment if we are to see an HIV-free generation in our lifetime

For us to move towards elimination of mother to child transmission, we will be implementing the following to reduce the positivity rate:

- Strengthen the Universal Test and Treatment to all HIV positive pregnant women where mothers are initiated on treatment upon diagnosis

- Tracking of viral loads on pregnant and breastfeeding mothers to monitor viral load suppression and to pursue intensified adherence counselling among non-suppressing mothers
- Linkage of pregnant and breastfeeding mothers to Mentor Mothers and Community Health Workers and Community Care Givers (CHW/CCGs to encourage treatment adherence.

Above all, what the mothers need is love and support from their partners, their families and the community at large to adhere to treatment and maintain viral load suppression.

We are relentless in our fight against TB which has been in the top 10 causes of death and the leading cause of death from a single infectious agent (ranking above HIV/AIDS) for the past decade. More than 1.5 million people died last year as a result of TB infection globally making it number two after COVID-19.

What is pleasing is that the TB incidence rate in Limpopo decreased from **203 per 100 000 in 2019/20 (11 795), to 163 per 100 000 in 2020/21(5973)**. A large part of the decrease maybe attributed to the wearing of masks during COVID-19 pandemic in public spaces and congregate settings. This should logically apply with regard to the reduction of the spread of other airborne infections. With the current decline of death as a result of Covid-19, the relaxation of wearing masks in the public we must expect TB to reclaim its position as the number one killer. It is against this background that as a department our focus will be on integrating TB screening into comprehensive health screening for both communicable (incl. COVID-19, HIV, STI) and non-communicable (HPT, Diabetes, Cancer, etc.) diseases as part of an ongoing Chek'Impilo campaign. We are pleased to announce that 150 facilities across the province were piloted successfully on the new less invasive TB diagnostic tool- URINE-LAM. In the 2022/23 financial year, it will be rolled-out in all our facilities. In the 2021/22 budget speech, a commitment was made to procure 14 digital mobile X-rays. We are pleased to announce that all 14 have been delivered and commissioned for use in our identified hospitals.

Honourable Speaker

Continue the fight against malaria

As the Department continues to invest resources including human capital towards the reduction of the mortality & morbidity as a result of malaria, we have since seen an ongoing reduction of malaria confirmed cases.

Honourable Speaker, we come from a painful past wherein in the year 2017/18, 18 977 cases and regrettably, 160 deaths were reported. Cases and deaths continued to decline despite nature blessing us with abundance of rain. 2020/21 a further decline of malaria cases to 3 169 & 16 deaths. We can gladly report to this august house that once more malaria cases declined to 1 881 & only 09 deaths in 2021/22 even though one death is too many. We are confident that the numbers will continue to plummet until we record zero malaria related death.

This positive achievement is a result amongst others through sustained community engagement wherein we were able to increase the spraying of in malaria endemic areas, from 1,023,680 houses in 2020/21 to 1 110 212 houses in 2021/22. 390 seasonal spray workers were employed in the 2021/22 financial year. This number of seasonal spray workers will increase by 30 to 420 in the 2022/23 financial year.

As a province, we were also innovative by training 24 environmental health care practitioners to can test and initiate malaria treatment to uncomplicated cases at home without visiting any healthcare facility

Accordingly, we have ensured that communities at risk of malaria are covered with indoor residual spraying, testing at household level and receiving treatment from the comfort of their homes.

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

A successful health system will be underpinned by zero avoidable maternal deaths, particularly in pursuit of the Sustainable Development Goals. In the current financial year, the Department has reported the lowest maternal mortality rate at 56.8 per 100 000 deliveries in the third quarter, down from 83 per 100 000 in the second quarter. It will important to remind honourable members that this consistent decline on maternal deaths has been registered annually since the financial year 2016/17 where we were at 182 per 100 000 deliveries. As a province we were worried that the pandemic, like it has done in other disciplines, will regress the progress made towards saving mothers and their babies. However, the innovative efforts of our Obstetricians & Gynaecologists in supporting our medical officers and midwives through teaching, online seminars and outreach visits has sustained our continuous decline. These engagements along with the implementation of the Maternal Health Standards have helped improve the care of pregnant women to ensure a safe and healthy pregnancy. To this end, the department is committed to progressively improve the pregnancy journey of all women in pursuit of better health outcomes.

Honourable Speaker,

Again, one of our own sub-specialist, Dr Muavha Dakalo a urogynaecologist was on Thursday 24th of March won a Gold award as the best innovator and researcher in the entire country during the 7th Batho-Pele Annual Awards. Dr. Muavha invented a health technology APP called Zavazide in his obstetrics and gynaecologist speciality. This APP empowers junior healthcare workers with knowledge on the go. As a province we are proud of investing on young medical professionals despite the fact that we have been patiently awaiting an academic hospital they have not stopped from being innovative. The Zavazide has four distinct features; protocol and guidelines; online pre-recorded videos; live ward rounds and live training sessions and referral map. This APP was developed to serve the people of Limpopo, especially pregnant women and their unborn babies. Under normal circumstances, Dr Muavha would be selling the APP to the department, however he has handed it over for free to us the people of Limpopo. It is not surprising as he is currently the champion in the Limpopo Obstetrics Response

Team (LORT), a project that seeks to improve maternal services in Limpopo, hence Minister Dlodlo could not ignore him but had to award him since he is the best in our lifetime. **Ro livhuwa Murundwa, Ndou dza vhutanda, a ni ri tshileli.**

Nutrition Services

Nutrition in hospitals form an integral part of patient treatment. It accelerates their recovery while shortening their hospital stay resulting in the reduction of the general cost of health care services. It is for this reason that Forty-three (43) food service units have been refurbished with new food service equipment and are now implementing the centralised meal delivery service system otherwise known as plating system.

We made an undertaking to expand our breastmilk banks during our budget speech in 2021. We are proud to announce that as a province we now operate with two breastmilk banks. In honour of Mme Charlotte Maxeke we celebrated her birthday in April 2021 by officially launching another breastmilk bank named after her in Philadelphia hospital, in addition to the existing Mankweng breastmilk bank. The breastmilk banks assist new-borns whose mothers have trouble producing milk and those who have been abandoned or orphaned, during COVID-19 when lactating mothers were in ICU, we saw this bank assisting their new born babies with breast milk because no new born baby must be denied access to breast milk especially during their first six (06) months of life. The banks rely on the goodwill of mothers who are willing to donate. We encourage mothers who are willing and able, to enlist as donors to help new-borns in need.

The road to NHI/ Primary health Care

Primary health care reengineering remains a backbone towards successful implementation of NHI. COVID-19 has impacted negatively towards our goal of achieving ideal clinic status. Budget cuts towards funding COVID-19 deepened the crisis we are facing. Some of our clinics which were operating 24 hours regressed as a result of shortage of staff, mainly our clinical nurse practitioners or at least a

professional nurse with midwifery. Security in our facilities remains a challenge. As we learn to normalize living with COVID -19, plans to recover on these setbacks are at an advanced stage. The integration of our services which will see us having COVID-19 vaccination becoming a primary health care mandate will see us reducing expenditure since it will be incorporated within the expanded immunization programme. The teams tasked with assessing the ideal status will be resuming their duties since they are from district, provinces and national. **Procuring of stand by generators for those clinics will be resuming this coming financial year.**

EMS.

Despite the addition of new ambulances each year, the loss of fleet in EMS is far much greater in proportion than the additions as majority of the ambulances have exceeded their life span. In order to continue strengthening the Emergency Medical Services (EMS), the Department procured 25 ambulances in the 2021/22 financial year.

The department will continue to strengthen the emergency service to communities, and we will procure 35 emergency vehicles in the coming financial year (2022/23). We must, however appreciate our roads infrastructure challenges which contributes negatively towards the lifespan of our vehicles hence the commitment made by the premier that during this administration we must continue to procure EMS vehicles annually.

Medical Equipment

To manage the COVID-19 pandemic, the Department had to invest and expand bed capacity, which included procuring the appropriate medical equipment. While focussing on the ongoing pandemic, the intention remains to strengthen the health system at all levels of care. To this extend, medical equipment amounting to **R147 million** was procured in 2020/21, with **R190 million used in 2021/22.**

Instead of building field hospitals as it was a norm countrywide, the Department invested on strengthening existing infrastructure wherein we managed to add a total of 453 hospital beds, of which 206 were ICU beds. 133 Ventilators were procured as well

as 50 High Flow Nasal Oxygen units. The availability of these equipment has not only enabled us to treat critically ill patients during the pandemic but will also assist us to respond to any burden of disease that will need these resources.

There was also a concerted drive to strengthen radiology (which includes X-ray) units at all hospitals in the province. New Digital X-Ray units were installed in 7 facilities; Computed radiography systems were installed in remaining 37 hospitals in Limpopo. The days for patients to wait long for the processing of their X-rays are gone, digitizing has improved the speed of development of x-ray films, thus contributing to the decrease on overall waiting time. This is a revolution of our radiology unit.

In addition to the Computerized Tomography (CT) Scanners that were installed in the two tertiary hospitals Pietersburg and Mankweng, as well as the regional hospital Letaba, Tshilidzini & Mokopane, Sekhukhune district will also receive a CT scanner, to be installed at St Rita's hospital, in the 2022/23 financial year. The result of this installation will mean that in all the districts, patient will no longer travel all the way to Polokwane and Mankweng, sometimes in a comatose state, just for a scan, but will only be transferred to specific treatment as the diagnosis will be made in their district.

Honourable Speaker

We remain relentless in our fight against cancer. To this end, we will be strengthening our oncology services with the installation of 5 mammograms units in all five (05) regional hospitals in the 2022/23 financial year. Since the invitation of Dr. Dzivhani, our first locally produced oncologist by our honourable Premier during his State of the Province Address in 2020, the province has once more done it and managed to produce two (02) more oncologists bringing the total to four (04).

Mental Health

Honourable Speaker, Mental health has become another pandemic and the current situation has been worsened by the impact of COVID-19. Job losses, fear of infection, isolation/quarantine, loss of loved ones, divorce are some of the factors that has increased the level of depression to a stage where it is now manifesting by the increase in the number of suicide cases and intimate-partner violence before committing suicide

in our communities. It is against this background that as a department we have adopted a campaign under the theme **“Be kind to your mind”**. Two districts, Mopani and Waterberg have already launched this community approach towards dealing with mental health issues. People who attempt or commit suicide are not selfish but they have an illness. Our mental healthcare practitioners are well equipped to can help them with coping mechanism and problem solving skills whenever they encounter stress and other challenges in life. Our campaign is also focusing on employees operating in stressful environment, for example those in the security cluster our police officers, our forensic pathologists and our emergency medical services personnel. These employees falls within the categories where intimate-partner violence before suicide is common and their work environment contributes towards their mental state All the signs would have been there however we usually miss them because we are failing as a society to be a brother/sister’s keeper.

During our recent two weeks debriefing session with our forensic pathologists, done by our clinical psychologists, we were able to pick up some of them wo had already started to indulge excessively in alcohol. This did not come as a surprise especially what t they went through during the festive season. This will be a continuous program as long as they render services and the program will be expanded to our sister departments.

Until such time wherein all of us treat mental healthcare as a priority, like we do with other medical conditions we will continue to regret as a nation starting with healthcare providers. That is the reason on the 24th of February as a department we launched a year-long training for all our mental healthcare practitioners on mental healthcare issues. Let’s remember all of us have mental health issues we just differ with the degree, hence there is no health without mental health.

Medical Specialists and Medical School

In 2016, Honourable Premier, you invited a young 15-year-old Junior Mkhombo to attend your State of the Province Address. This was because you were writing history in our country, firstly since 1994 the country has never established a stand-alone medical school, secondly he was the youngest first year medical student in the country. Today we pride ourselves as a province because 47 out of 60 of the 2016 class have taken a

Hippocratic oath as qualified medical doctors. Dr. Decent Junior Mkhombo is part of those who are doing internship in different parts of the country. Once more, he made history by being the youngest of the class of 2016 to graduate at the age of 21 in the country.

Honourable Speaker,

The journey towards this milestone was long, rocky and exhausting however through your leadership and the collective efforts of both the University of Limpopo and the Limpopo Department of Health this was made possible because to establish a medical school 60% of the responsibilities falls within the department of health while 40% is the University and Higher education.

Our commitment towards bringing specialist services closer to the people, did not only contribute to cost-saving, ensuring that patients get the desired medical intervention without traveling beyond the borders of our province but also are key towards training of both our medical students and registrars. The number of our registrars these are specialists in making have increased from 39 2018/2019 to 120 2021/2022. In the coming few years we will be producing in-house more than 120 medical specialists.

Surgical backlog

COVID-19 pushed us into innovation. During hard lockdown only emergency services were rendered by our facilities, resulting in serious surgical backlogs. In a rural poor province like ours wherein surgical backlogs were a norm even prior COVID-19, it became a crisis hence the birth of Rural Healthcare Matters campaign. To this end, the campaign will be converted into a service delivery model on specialist's services focusing on rural area because in terms of the ANC-led government Rural Healthcare Matters the most.

This campaign managed to attract volunteer specialists from provincial hospitals, private sector, as well as specialists from other provinces and universities. This projects enables complex operations which would have waited many months or years to be

performed at regional or districts hospitals. The “Rural Health Matters” project has had a lasting impact on the lives of many people in the province.

Honourable Speaker

Since the 1st of April 2021 till Sunday the 27th of March 2022, when we wrapped up our 2021/22 Rural Health Matters campaign more than 3 300 patients across the province have been operated and therefore were given a reason to join all of us in commemorating Human Rights Month because health remains a basic human right.

Honourable Speaker, it is very disheartening for us to see our people subjected to blindness due to cataract, a procedure that does not take 15 minutes. It is also disheartening to see a child growing with clubfoot resulting in physical disability, while there is a procedure that can easily correct. A 12-year-old had to drop out of school because her breasts were too huge for her to carry. There are young women who had to resign from work as a result of unbearable backache due to the large breasts. Elderly women, particularly in the Vhembe and Mopani districts, were called witches and threatened to be burned because of keloids. That is the reason we will never rest or sleep as long as our people need us. We will continue with our innovation to make sure our people receive this service which is a basic human right as dictated by our constitution hence Rural Health Matters to us matters the most.

Decentralization of renal services

Honourable Speaker,

Following on the delivery of the commitment we made in this august house of insourcing of renal services from a PPP project, we are embarking on the process to decentralizing the renal services starting with Mopani and Vhembe districts where the burden of disease is too high. This project was derailed by the onset of COVID-19 pandemic, however in the current financial year much progress was registered. The renal units at both Tshilidzini and Letaba hospitals are nearing completion. It is expected that the services will be launched in the first quarter of 2022/23 financial year. Tshilidzini and Letaba Hospitals satellites units will cater for 48 and 36 renal dialysis patients respectively.

INFRASTRUCTURE

Mother and Child centres of excellence (MCCE) and Critical care units

All our regional hospitals received upgrades to strengthen the capacity to provide excellent mother and child health services and intensive care. An upgraded 20 bedded ICU and Paediatric ICU has been opened at Mokopane hospital. The ICU capacity at Tshilidzini Hospital is 14 ICU beds and Letaba Hospital has 24 ICU beds.

Owing to the disruptions caused by COVID-19, there are delays to the planned upgrades at Philadelphia hospital to create a 20 ICU bed. The same delays are experienced at St Rita's hospital, where a 12 ICU beds and 30 Neonatal beds, are expected to be completed at the end of the first quarter.

Significantly, the maternity upgrades at St Rita's hospital has been completed and handed over. This will go a long way in complementing our efforts to fight maternal mortality.

Honourable Speaker

A comprehensive programme of repairs and maintenance commenced in 2021/22 financial year to address the recommendations of the Public Protector and the flood damaged buildings at WF Knobel Hospital. This will continue over the 2022/23 Medium Term Expenditure Framework period to include the male and paediatric wards, kitchen, boilers, hospital entrance and storm water drainage system, demolition of condemned buildings and a reorganization of the admin, X-Ray and allied functions into other facilities within the site.

Work is already in motion to restore the burnt ward at FH Odendaal Hospital into a maternity complex; repurposing of existing facilities into clinical platforms, re-

organization of the OPD and Casualty to provide adequate space for patients including the Eye Clinic, the hospital entrance and perimeter fencing has commenced and will be completed on a phased basis starting over the 2022/23 Medium Term Expenditure Framework.

Part of our focal areas will be on the occupational health and safety sensitive areas in terms of security augmentation through provision of adequate physical site enclosures and lighting, attention to fire compliance, auto claves and electro-mechanical systems and equipment.

Honourable Speaker,

Health is a labour-intensive department and without adequate staff it has become difficult to provide quality healthcare to our people. The department is making progress in terms of addressing the past legacy wherein we created a bloated structure with many generals while there are no foot soldiers. COVID-19 has contributed negatively towards this progress because in the past two years only COVID-19 short-term contractual posts were advertised. We are now working closely with our Treasury to make funds available to can start appointing front-liners on a permanent basis.

Honourable Speaker,

While the rise of medical malpractice litigation is a global crisis, as a province we are worried by the current contingent liability standing at a staggering R14 Billion. This has become a threat towards healthcare delivery in our province. We did a root cause analyses which includes amongst others lack of adequate staff and equipment, poor attitude and inadequate skills but we cannot rule out a possible collusion between government employees be it state attorneys or Department of Health with the plaintiff lawyers and senior councils. A turnaround strategy was developed and it is being implemented. The unit has been reorganised and strengthened and is currently being led by a medical specialist (Radiologist) who is also an advocate, Dr/Adv. Cedric Sihlangu.

We do understand that there is a lot of vested interest on this matter. It is high time that we look at legislative reforms that will see us closing this tap because in this budget I

am tabling today there is no item that talks to the R14 Billion meaning we must take money meant for patient medicine to settle the bill. The painful part is that when we are litigated as government the bulk of the money goes to the lawyers. For instance, if we are sued R55 Million for a cerebral palsy baby, the highest we have seen so far awarded for personal damage is R3 million meaning the rest goes towards future medical care. Unfortunately, our real experience is that not even a cent goes to that in some cases, because the very same children come back to the very same public hospitals for care which is double dipping.

Revenue collection

Honourable speaker

The ever decreasing provincial and department's equitable share allocation, strengthen the argument that revenue collection has become the only alternative source to augment the budget deficit in the Province. Through the implementation of the Revenue Enhancement Strategy and continuous support from the Provincial Treasury, we are pleased to report to this august house that the Department managed to achieve and surpassed its targeted amount by R56m over the last two financial years (2018/19 and 2019/20). The COVID-19 pandemic however disrupted the momentum in the collection, resulting in the collection of only 90% of revenue target in 2020/21 financial year. The impact of the pandemic further resulted in the reduction of the revenue estimates for 2021/22 financial year and the Medium Term Expenditure Framework.

Honourable speaker, despite the pandemic that is still with us, the department is still optimistic that, with the revised strategy, it will collect **R202 million** in the 2022/23 financial year. We will put more efforts to achieve this target as we are aware that this will contribute to the funding of the health services in the province. Services are still free at primary healthcare facilities such as clinics, mobile clinics, gateway clinics and health-centers. Free services have also been extended for all COVID-19 related services for low income group,

unemployed and those that are not members of medical schemes. We call all our communities to visit these facilities for their wellbeing.

Members of the communities that fall within the paying categories are urged to pay for the health services they receive in our health facilities as this will be for their own benefits. We say assist us in generating maximum revenue, and we will assist you in providing improved healthcare services.

Honourable Speaker;

Honourable Speaker;

As we firmly emerge from the grips of one of the most devastating pandemics, we recommit ourselves to building a comprehensive and inclusive healthcare system capable of meeting the desired electoral, constitutional and legislative mandates.

We will do so mindful of the fact that we carry an obligation to bring into practical reality the dream of a long and healthy life for the people of Limpopo. We plan all this mindful that all the competing priorities require adequate funding. With the introduction of budget cuts, the Department will endeavour to stretch the rand to try and address most of our challenges in our quest to deliver quality healthcare services to the people of Limpopo .

The Coronavirus pandemic has significantly disrupted a whole range of our programmes, and delayed implementation of our foremost projects in our journey to making public health more accessible, efficient and effective. We need to move with exceptional speed in our vaccination programme, particularly with young people as our target.

I am grateful for the confidence, support and guidance we get from the Honourable Premier in making sure that we deliver quality services in our facilities and utilize our budget allocation prudentially.

A special thanks goes to the portfolio committee on health for their robust, frank and constructive engagements and continuous oversight. We also want to take this opportunity to convey our appreciation to the committee of the past tense, Standing Committee on Public Accounts for making sure that we pay attention to our blind spots.

Gratitude to our HOD Dr. Thokozani Mhlongo and all her generals not forgetting all our foot soldiers from the men and women in blue at the gate to the men and women in blue at the mortuary for your loyalty to this government and the people of Limpopo.

This budget should be a catalyst in ensuring that Limpopo rises again to reach unprecedented levels.

Honorable Speaker,

BUDGET SPEECH: 2021 – BUDGET BREAKDOWN: VOTE 07: HEALTH

The 2022/23 overall budget for Health vote has increased by 3.4% from the 2021/22 Main Appropriation and decreased by 3.2% from the Adjusted Appropriation. Equitable share decreases by **3.8%** from the 2021/22 adjusted allocation whereas conditional grants declines by 0.6% from the 2021/22 adjusted allocation. The equitable share allocation includes an amount of R1.0 billion earmarked for the fight against COVID-19 pandemic. In monetary terms, the total budget decreases from budget of **R23.5 billion** in 2021/22 to **R22.7 billion** in 2022/23. The total allocation declines by an average of **0.4%** over the Medium Term Expenditure Framework. This is an indication that the department is continuously under financial strain for the foreseeable future.

Honourable speaker, I am therefore honoured and indeed privileged to table to this noble house the budget for Health-Vote 7, for the year 2022/23 to the value of **R22.7 billion**, which consists of **R18.3 billion** equitable share, **R4.2 billion** conditional grants and **R201.6 million** own revenues.

Honorable speaker, the budget has been allocated to fund the following key priorities of the Department:

- COVID-19 and vaccination project: **R1.2 billion**. This allocation includes R212 million conditional grant vaccination and R1.0 billion for COVID-19 activities. The funds allocated for this disaster priority will be utilised to appoint and maintain the health professionals and support staff as well as their enabling equipment and facility's needs.
- Strengthening District Health Services (Primary Healthcare) and district hospital delivery systems: **R12 billion**. This as a backbone of health delivery system and is therefore allocated 52% of the total budget of the department. The budget of this priority grows by an average of 1.5% over the Medium Term Expenditure Framework (MTEF).
- **R2.8 billion** has been allocated for Regional, Tuberculosis and Psychiatric hospitals. This allocation is important for the provision of specialized health services not primarily rendered in district hospital services as well as primary health care.
- Malaria Control services are allocated **R103.1 million** in equitable share. Furthermore, an amount of **R65.0 million** has been allocated within the conditional grant framework in order to prevent and control malaria in the affected areas of this Province.
- Comprehensive HIV and AIDS programme funding including TB services has been provided at **R1.9 billion**.
- **R906.1 million** has been set aside for the running of Emergency Medical Services in the Province including purchase of ambulances and support vehicles.
- Tertiary services in the Province, has been provided for at **R1.9 billion**. These services continue to be provided in Pietersburg and Mankweng Tertiary hospitals.
- An amount of **R760 million** has been allocated to Health Infrastructure Programme including COVID-19. This allocation will be used mainly for hospital revitalization, clinics building and upgrades as well as buildings and equipment maintenance.
- **An amount of R196.3 million** has been set aside for the training of health professionals as part of our commitment to reduce vacancy rate in these categories. This amount covers medical students in the Republic of Cuba, Limpopo Medical School and other Medical Schools in the country.
- **Honorable speaker**, in order to maintain the stock level at our clinics, health centres and hospitals across the province, **R1.5 billion** medicine allocation has been provided. This includes amount of **R 752.7 million** for the provision of antiretroviral drugs to HIV positive

patients and new intake, and **R231.8 million** for Vaccines to reduce infant and child mortality.

SUMMARY OF THE 2022/23 MEDIUM TERM EXPENDITURE FRAMEWORK: HEALTH-VOTE 07

Summary per Funding Source	Adjusted appropriation		Medium-term estimates	
	2021/22	2022/23	2023/24	2024/25
R thousand				
Equitable share	19 063 596	18 328 229	18 598 040	18 979 261
Conditional grants	4 222 338	4 195 723	3 838 799	3 964 111
Departmental receipts	194 367	201 637	210 508	220 612
Total	23 480 301	22 725 589	22 647 347	23 163 984

Summary per Programme	Adjusted appropriation		Medium-term estimates	
	2021/22	2022/23	2023/24	2024/25
R thousand				
1. Administration	295 498	296 196	274 873	288 066
2. District Health Services	14 682 228	14 864 241	14 962 995	15 252 363
3. Emergency Medical Services	845 181	906 066	925 679	970 113
4. Provincial Hospital Services	2 757 950	2 775 384	2 805 038	2 876 204
5. Central Hospital Services	2 225 195	1 938 421	2 008 655	2 073 551
6. Health Sciences And Training	673 166	810 717	806 038	796 073
7. Health Care Support Services	588 831	374 599	141 086	147 857
8. Health Facilities Management	1 412 252	759 965	722 983	759 757
Total	23 480 301	22 725 589	22 647 347	23 163 984

Summary Per Economic Classification	Adjusted appropriation		Medium-term estimates	
	2021/22	2022/23	2023/24	2024/25
R thousand				
Compensation of employees	15 774 432	16 718 977	16 425 378	16 712 491
Goods and services	6 429 048	4 835 130	5 285 337	5 519 547
Provinces and municipalities	1 631	1 688	1 829	1 917
Departmental agencies and accounts	68 139	18 486	19 299	20 225
Households	320 889	279 793	303 432	267 997
Buildings and other fixed structures	282 725	543 528	407 182	406 858
Machinery and equipment	603 437	327 987	204 890	234 949
Total	23 480 301	22 725 589	22 647 347	23 163 984