



Province of the  
**EASTERN CAPE**  
HEALTH



## **BUDGET & POLICY SPEECH 2023/24**

**By Hon. Nomakhosazana Meth**

***“The Year of Decisive Action to Advance the People's Health Interests:  
RENEWED, READY AND CAPABLE”***

*Together, moving the health system forward*





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**EASTERN CAPE**  
HEALTH

# **BUDGET & POLICY SPEECH 2023/24**



*Together, moving the health system forward*



EASTERN CAPE DEPARTMENT OF HEALTH  
BUDGET & POLICY SPEECH 2023/24 FINANCIAL YEAR  
TO THE EASTERN CAPE PROVINCIAL LEGISLATURE  
AT BHISHO ON THE 28 MARCH 2023  
BY HONOURABLE N. METH

Honourable. Speaker and Deputy Speaker

Honourable Premier Mabuyane

Members of the Executive Council

Honourable Members of the Eastern Cape Legislature

The Chairperson of the Portfolio Committee on Health

Our Kings, Queens, Traditional and Religious Leaders

Director-General & Heads of Departments and Entities

Distinguished Guests

Organised Labour

More importantly, the People of the Eastern Cape

Molweni, Good morning, Goeiemore

Honourable Speaker, it gives me great honour to reflect on the imperatives we committed to in the 2022/23 financial year and submit the Annual Performance Plan (APP) 2023/24 that captures the policy and budget path for the Eastern Cape Department of Health in the year ahead. We present the speech in this august house, in the month of March as we commemorated World TB Day on the 24<sup>th</sup> March. South African National AIDS Council (SANAC) used this day to



launch the new National Strategic Plan for HIV and AIDS, STIs and TB, under the theme “You and I Can End TB”.

The past three years have shocked the global health system, thwarting progress on many levels. **Global conflicts** have also strained healthcare systems. The Russia/Ukraine war has sparked a global health crisis – from the death, suffering and displacement of people in the country to the **global food and fuel insecurity**, and **diminished donor funds** to support other health issues. Much of the **world’s supplies of raw materials to make hospital equipment** come from Russia and Ukraine’s crude oil, natural gas, and certain metals.

Such conflicts are **disrupting healthcare supply chains** and causing **medical supply price spikes**. Our health systems are bearing the strain, as deliveries of much needed medical technology are delayed, and costs escalate above inflation.

The industry’s only solution is to rethink how to mitigate these risks in the future through automation, reshoring, and other supply chain-bolstering techniques.

In 2022, we saw frontline health workers, government agencies, and health systems play a critical role in **fighting disease threats** like Ebola in Uganda, measles outbreak in South Africa, and COVID-19 cases worldwide.

Measles outbreaks have been declared in all our provinces, except here in the Eastern Cape (EC) as we had only six (6) unrelated laboratory confirmed measles cases, as at March 2023. Measles spreads easily and can be serious, even fatal for small children. Whilst the death rate has been declining worldwide, as more children receive the vaccine, the disease still kills more than 200,000 people a



year, mostly children. We are happy that parents heeded our call by ensuring that their children got immunised.

Cases in the EC were from Nelson Mandela Bay, King Sabata Dalindyebo, Kei Mouth and Camdeboo Local Municipality.

Our response was to immunise all children aged 6 months to 15-years that live within a 5km radius of positive and/or suspected cases of measles, to prevent further spread of the highly infectious measles virus. We also ran a measles campaign from mid-December through to February. This proactive approach resulted in us avoiding possible outbreaks and thereby protecting our children against infection and serious complications like pneumonia, encephalitis, and problems in pregnancy – and also possible deaths.

Local health systems, the world over, have also had to step up and **respond to disasters tied to climate change**, whether it was **flooding in Komani** and Pakistan, **generational drought in the Gqeberha** and Horn of Africa, or **devastating hurricanes** in Amathole, Chris Hani, Alfred Nzo and OR Tambo regions and afar, in the United States.

I want to acknowledge Team Health who worked tirelessly with COGTA and other government Departments, as we were buffeted by weather disasters in the last year. We are proud of the Emergency Medical Services teams who fearlessly faced the onslaught of inclement weather, to rescue stranded communities and move public and private sector patients to safety.

In line with our 2022/23 theme “Reset, Renew and Rebuild”, ECDOH embarked on a process of renewal, resetting our goals, and initiating the process of rebuilding the EC health care system that was negatively impacted by the global COVID-19 pandemic.

The Department entered the 2022/23 financial year faced with strategic, structural, and systemic challenges, exacerbated by the COVID-19 pandemic. The **Health Turnaround Strategy** was conceptualized and initiated in response to these challenges. The early signs of measurable improvements are encouraging.

ECDoH line of march for the year 2023/24 is **"The Year of Decisive Action to Advance the People's Health Interests: RENEWED, READY AND CAPABLE"**

The following priorities find expression in APP 2023/24 as the Department re-imagines the way in which it provides health and care to the people we serve:

- Preventive, promotive, curative, and rehabilitative healthcare services (Prevention is always better than cure)
- Good governance and clean administration
- Financial viability
- Integrated medico-legal strategy
- Service delivery optimisation
- Digitalization and e-Health
- Human Resource for Health Infrastructure development and maintenance

Health is everybody's business as it impacts all from the womb to the grave. A whole of society approach with strong partnerships and multi-sectoral collaboration therefore underpins our public health programmes.

With a total budget allocation of **twenty-eight billion and hundred million rand (R28.1 billion)**, the Department will continue to rebuild and lay the foundation for a health system that is resilient and responsive to the health and care needs of the communities that we



serve. We are working hard to ensure that, by 2026, our health sector offers a digitally enabled, data-driven and re-engineered service delivery platform under the NHI.

## NATIONAL HEALTH INSURANCE

American labour leader and civil rights activist, Cesar Chavez, once said: *“We cannot seek achievement for ourselves and forget about progress and prosperity for our community... Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own.”*

Universal Health Coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

The delivery of these services requires health and care workers with optimal skills mix at all levels of the health system, who are equitably distributed, adequately supported with access to quality assured products, and enjoying decent work.

Protecting people from the financial consequences of paying for health services out of their own pockets, reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their future and often that of their children.

Countries like Brazil, Canada, Finland, Norway, Sweden, Thailand, Turkey and the United Kingdom, have **successfully implemented**

**Universal Health Coverage systems.** This has significantly improved access to health services and health outcomes. Countries with UHC responded better and quicker to emergencies as seen during COVID-19 pandemic.

Honourable Speaker, pre-1994, the South African government, through its apartheid policies, developed a health care system which was sustained through the years by the promulgation of racist legislation and the creation of institutions with the specific aim of sustaining racial segregation and discrimination in health care. The net result was a system that was highly fragmented, biased towards curative care and the private sector, inefficient and inequitable.

To achieve Universal Health Coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and, ultimately, improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged communities.

The Department of Health, since 1994, has been seized with a dual political responsibility:

Transforming the health sector in accordance with the premise of the new democratic dispensation *and*

Improving the quality of health services, emphasising a primary health care approach, preventing illness and promoting healthy lifestyles

**The NHI is South Africa's chosen route to achieve Universal Health Coverage.** NHI is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans, based on their health needs irrespective of their socioeconomic status. NHI implementation is



consistent with the global vision that health care should be seen as a social investment and therefore should not be subjected to market forces and treated as a normal commodity.

While responding to the State of the Nation Address debate in Parliament, His Excellency, President Ramaphosa affirmed that:

*“Access to quality health care – and indeed better health itself – are necessary to improve people’s lives and build a successful society and a more productive economy. We are committed to the provision of quality healthcare for all, regardless of their ability to pay. We will, therefore, progressively implement the national health insurance, the NHI, as soon as the necessary legislation is approved by this Parliament.”*

Honourable Speaker, the Bill is anticipated to be passed in Parliament by the end of March 2023. Whilst the National Department of Health focuses on the structural frameworks for NHI, the focus of the EC Department of Health remains on facility and service readiness to implement NHI by 2026.

In the Eastern Cape, NHI readiness interventions were tested in the **two pilot districts (O.R. Tambo - National and Alfred Nzo - Provincial)** and are now implemented in all eight districts. The interventions involve the following systems strengthening and quality improvement initiatives:

Re-engineering of PHC (RPHC), which is composed of the following programs:

- Ward-based Primary Health Care Outreach Teams (WBPHCOTs)
- Integrated School Health Program (ISHP).
- The District Clinical Specialist Teams (DCSTs) and
- Contracting of Health Practitioners

Ideal Clinic Realisation and Maintenance (ICRM or Ideal clinic/ideal hospital).

Centralised Chronic Medicine Dispensing and Distribution program (CCMDD).

Digitalisation and Health Patient Registration System (HPRS).

The above interventions continue to bolster public confidence in our NHI plan.

## RE-ENGINEERING OF PRIMARY HEALTH CARE

### Ward-Based Outreach Teams

The Ward-based Primary Health Care Outreach Teams (WBPHCOTs) consist of **six to ten** community health workers (CHWs), one outreach team leader (OTL) who is an enrolled nurse and one data capture. An outreach team serves 6000 people. The wards with more than 6000 people will have more than one team and wards with less than 6000 people may be combined to create a team of more than one ward.

The Department has contracted a **total of three thousand eight hundred and twenty-three (3,823) CHWS**, resulting in a **CHW population coverage of 56%**, up slightly from 53% of the previous year. Their efforts assisted us in finding those lost to follow-up during COVID-19 so that our clients could re-commence treatment. They also encourage clients to stick to their treatment plans, explaining the benefits of being on treatment.



## Health Promotion

The purpose of health promotion is to positively influence the health behaviour of individuals and communities as well as the living and working conditions that influence their health.

The Department has **80 health promotion officers** appointed across our eight districts. This is only 34% of the need because, ideally, we need one health promotion officer per ward. We will be looking to expand this cadre, within the available resource envelopes.

**Some of the highlights of this cadre in the past year includes:**

**398 awareness campaigns** conducted in the 8 districts.

**61 dialogues** were conducted.

Health Education talks done through **18 radio slots** as literacy campaigns.

**28 functional physical groups for elderly and children** were done.

We **Commemorated the World No Tobacco Day** in Sara Baartman and **Youth Month** in Amathole.

Through such activities, we are raising awareness and improving knowledge. In so doing, we are arming individuals, families, and communities so that they can make informed choices, and hopefully change behaviour to promote good quality health and reduce premature deaths.

By focusing on prevention, health promotion reduces the costs (both financial and human) that individuals, employers, families, medical facilities, communities, the state and the nation would spend on medical treatment.



In 2023/24 FY, through the Social Transformation Cluster, we will look to other Departments who also all have health promotion officers, Community Development Workers and community healthcare workers to work with us so that, together, we can achieve 100% coverage of the most vulnerable households.

### Integrated School Health Programmes

The Integrated School Health Programme (ISHP) is a Ministerial priority programme. The Department currently provides three of the nine Care and Support for Teaching and Learning programme (CSTL) priorities within the school health service package framework to the Department of Education. These three priorities are: a) learner screening to identify and manage health barriers to learning b) on-site services including the provision of Human Papilloma Virus (HPV) vaccinations c) Health Education and referral services.

There are **184 professional nurses** appointed to the Integrated School Health services teams.

Through the Social Transformation Cluster structures, the Department of Health (DOH) has a formal partnership with the Departments of Social Development (DSD) and Education for integrated planning, to positively impact maternal and child health services. During 2022/23 FY, we addressed issues of severe acute malnutrition, early child development and behavioural change programmes, targeting teenage girls and boys (YOLO, Tshomi and boy's champions for change) in schools.

Through the Mensana school health bus, we covered three districts: OR Tambo (Ingquza sub-district), Joe Gqabi (ELundini sub-district)



and Sarah Baartman (Kouga sub district). The bus provided the full package of services, namely, Ear, Nose & Throat, Dentistry, and Ophthalmic services using our PHC nurses to attend to the learners holistically.

Each child that had an abnormality picked up during screening, was directed to the relevant clinician(s) to manage their condition appropriately – aids for hearing disorders and visual impairment; and access to special needs where required.

ISHP teams achieved 100 % coverage in HPV 2<sup>nd</sup> dose to grade five girls during the 2022/23 HPV vaccination campaign.

Human Papilloma Virus (HPV) is a virus associated with cervical cancer, one of the commonest cancers in women in the Eastern Cape. By vaccinating young girls, we are reducing their risk of HPV infection and thereafter cervical cancer later on in life.

### District Clinical Specialist Teams (DCSTs)

DCSTs are composed of clinical specialists who provide clinical mentorship and guidance to health facilities. They improve our capability to provide effective maternal, neonatal and child health services.

It has been very difficult to attract specialists to work in the rural areas of our province. Joe Gqabi district is the mostly affected district without a DCST, whilst Obstetricians and Gynecologists are the most difficult to find. Given the challenge of attracting specialists to rural districts, the Department is **pooling the specialists to provide coverage and technical support to all districts with staffing gaps**. In addition, **specialists from tertiary hospitals** have been charged

with the responsibility of clinical governance for their referral zone and work collaboratively with DCSTs to support the peripheral facilities. The Department will be focusing on appointing family physicians in the identified priority sites and institutionalizing clinical governance in the year ahead.

### Health Practitioner (HP) Contracting

HP-Contracting, using the National Health Insurance Grant, is aimed at increasing access to medical and other clinical services in the primary care space.

During 2022/23 FY, in the OR Tambo District, we appointed **thirty-nine (39) Medical Officers (MOs)** who regularly visited seventy-seven (77) PHC Facilities. Of the **thirty-nine (39) MOs, fourteen (14) are allocated solely to CHCs and the Mthatha Gateway clinics**, due to the high number of clients serviced at these sites. There are **eight social workers** contracted through the NHI grant, and they provide coverage to the whole of the OR Tambo district. Alfred Nzo has been allocated a budget amount of **twenty- five million rand (R25m)** for contracting of health professionals for the 2023/24 FY.

The benefits of contracting these health professionals has been a decrease in the number of clients referred to hospitals, to access these services. The cost of healthcare for our patients was reduced because they didn't have to travel long distances to access services provided by these health professionals.



## IDEAL CLINIC AND HOSPITAL PROGRAMME

Ideal clinics and ideal hospital accreditation are a prerequisite for registration as service providers under NHI. Currently, there are about **one hundred and eighty-three (183) PHC facilities and five hospitals** that maintained their Ideal status. **Forty-six (46) facilities** have been **issued accreditation certificates** by the Office of Health Standards Compliance (OHSC) in the 2022/23 financial year.

From the quality assessments done, the Ideal status performance of EC facilities is gradually and steadily showing incremental change. To mention a few components that had previously been the most challenging, improvements are as follows: the average Infrastructure accreditation score has increased from **51% to 62%**; the Human Resources score from **54% to 67%** and the Medicine supplies & laboratory services score improved from **65% to 83%**.

We procured essential surgical supplies needed to **provide emergency services in PHC facilities** and to strengthen our performance in the **Ideal clinics non-negotiable standards**. This was done in partnership with the private sector and our strategic partners. A special word of gratitude goes to Old Mutual, DG Murray Trust, UNICEF and the World Health Organisation for their contributions to these efforts.

We will in the year ahead, continue Ideal Clinic status determinations on a quarterly basis. Patient experience of care surveys will be conducted in 80% of the facilities with a focus on the six priority areas, (Waiting times, Cleanliness, Infection Control, Safety and Security, availability of medicine, staff attitudes) and development of QIPs.

In the year ahead, **twenty-three billion and eighteen million rand** (R23,018 billion) has been allocated to provide and improve the quality of health services in PHC facilities and hospitals.

### Central Chronic Medicine Dispensing and Distribution (CCMDD)

The CCMDD programme remains one of the programmes to improve access to medicines in the province. At the end of February 2023, the province had **three hundred and nine thousand five hundred and fifty-one (309 551)** patients on the CCMDD programme. These patients are able to collect their chronic medicines either through a fast lane at our health facilities, or at one of the **234 non health facility sites** such as *private pharmacies* and *general practitioners* in the province.

Recently the Department reached an agreement with the **Methodist Church of SA** to open a pickup point at their facility in OR Tambo. A total of **one thousand four hundred and forty-nine (1 449)** clients are collecting their medicines from this site.

We are targeting to increase the number of pick-up points in the next year and also add another **forty-eight thousand seven hundred and seventy-eight (48 778)** patients onto the CCMDD program in the next financial year.

We invite other faith/community-based organisations, business and traditional leaders to work with us to open up pick-up points in the communities.

We continued to pursue mechanisms to increase our income streams. The Department is thrilled that its application was successful to an extent that the Department was recently awarded **four**

**hundred thousand US Dollars (R7,2 million)** by PEPFAR for the year ahead. We are appointing **forty (40)** pharmacy assistants to improve medicine availability and decant chronic stable patients to pick-up points closer to where they live and work.

## Digitalisation of the Health Care System

Honourable Speaker, new partnerships with other National Departments like the Department of Communications, are being formalised in dealing with **Connectivity and Digitalisation**.

The new Health system cannot function without a comprehensive and inter-operable digital information system. Clear and accurate data on users, providers, benefits, products, and outcomes are essential to a functioning system. This data must generate information that allows the Fund to measure equity, access of users to providers and benefits, and to plan strategic purchasing where there are inequities and deficiencies.

Every person (health system user) in the country must have a portable electronic health record that every provider adds to, each time they see a user and provide care. Unique patient records will **belong to the patient** (user) but allow every provider to build on an existing health record without duplicating tests, treatment, and care. Records will be carried on the Health Patient Record System (HPRS), which is in place.

The Department's innovative health management system, HMS2, already interfaces with the HPRS and inter-operability will allow this to take place for future developments of the system. The compliance of HMS2 with the country's Health Normative Standards Framework makes this possible. The Department will be working closely with the

National Department of Health as the indications are that HMS2 will be a gold standard for the country under NHI. The budget allocation for the roll-out of HMS2 is **one hundred and twenty million rand (R120m)** across MTEF

The Eastern Cape will be setting up a **forum for both public and private sectors** in the year ahead, so that we have a formal structure to coordinate the work we do in this province towards 2026.

### Contracting Unit for Primary Health Care

NHI Bill, Clause 37, makes provision for the establishment of the Contracting Unit for Primary Health Care. The Contracting Unit is the organisational unit with which the fund contracts for the provision of primary health care services within a specified geographical sub-district area.

The Department will commence the process of implementing the Contracting Units for PHC (CUP) in 2023/24. **Ingquza Hill sub-district** is identified as the first CUP site for the province because it meets the criteria for a Contracting Unit for PHC as per the NHI Bill. The newly built **Flagstaff CHC** has been selected as the health facility to implement CUP.

We look forward to a brighter future where everyone will have equitable access to quality health and care services, as envisaged by the National Development Plan 2030 and through the implementation of the National Health Insurance (NHI).



## INFRASTRUCTURE REVITALISATION

Infrastructure revitalisation is the backbone of the NHI and it remains a critical measure of our progress. Our government therefore invested in the complete overhaul of facilities across the province. In the past six years a total of **five billion six hundred million rand (R 5.6 billion)** has been invested in Infrastructure improvements across the province. Amongst some of the new infrastructure developments completed by the Department, are projects like the beautiful Khotsong TB Hospital in Matatiele, Cecilia Makiwane Hospital in Mdantsane, St Elizabeth Hospital paediatric unit and Lilitha Nursing Campus in Lusikisiki, Eastern Cape College of Emergency Care and Emergency Medical Services (EMS) headquarters in Gqeberha, Sipetu Hospital in Ntabankulu Local Municipality (LM), Frontier Hospital in Enoch Mgijima, Flagstaff Community Health Centre (CHC) in Ingquza Hill LM and Meje CHC in Winnie Madikizela Mandela LM

The Department has allocated a budget of **four billion, eight hundred sixty-nine million rand (R4,869 billion)** over the 2023/24 MTEF, for new Infrastructure development and maintenance.

To this end, for 2023/24 financial year, a total budget of **one billion six hundred million rand (R1.61billion)** has been allocated to Infrastructure, with **two hundred and eighteen million rand (R218million)** decentralised to the districts for maintenance.

We are addressing historical structural inequities and improving access to quality health care by expanding health services to the eastern part of our Province. To this end a lot of work has been done in the Alfred Nzo district. The Department has upgraded, renovated, repaired and refurbished **three (3) district facilities over the last**



**10 years.** We have brought to **practical completion two mega projects and one large project in the current year.**

**Sipetu District Hospital** is a newly upgraded **100-bedded district facility**, a mega project in the Ntabankulu Sub-District. Government has invested around **six hundred and fifty million rand (R650 million)** in the state-of-the-art, modern Sipetu Hospital, with much needed staff accommodation to attract health care professions to this beautiful but remote rural area. The project included the upgrading of bulk infrastructure and clinical spaces, new staff accommodation, support services, new reservoir, and a helipad for emergency referrals. Together with the investment in latest technology and vital medical equipment, this facility is well-positioned for accreditation, as the Department ramps up for NHI.

Arising like a phoenix out of the ashes of the COVID-19 devastation, this hospital brings hope to the surrounding community and ushers in an era of renewal and rebuilding of the Eastern Cape health system, post-COVID.

The Sipetu Hospital project has created employment and directed funding to SMME's to the value of around **one hundred and twenty-eight five hundred thousand rand (R128,5 million)** – this represents about **33,59%** of the actual construction value of the project.

**Sipetu District Hospital is the third District Hospital to be upgraded, renovated, repaired, or refurbished within the district.**

**Khotsong TB Hospital** is the **only specialized facility in Alfred Nzo.** In the 2018/2019 financial year (FY), the Department handed over the site for the upgrading of **Khotsong TB Hospital and staff**



**accommodation**, a mega project in the Matatiele sub-district. The project implementation has reached stage 6 (hand over) in terms of the project life cycle. The new facility is currently in use. **Five hundred and fifteen million rand (R515 million)** was spent on this project.

**An amount of one hundred and sixty-nine million rand (R169 million) was spent on Meje CHC Phase 1 & 2, a large project in the Winnie Madikizela sub-district.** – Construction of a CHC, site works and services, and staff accommodation. This has also recently reached project implementation stage 6 (hand over) in terms of the project life cycle. The project was an **upgrade of a Primary Health Care facility into a Community Health Care** facility which will provide 24-hour primary health services to the surrounding community, referring directly to the O.R. and Adelaide Tambo regional and Nelson Mandela Academic hospitals.

**Mpindweni Clinic in Umzimvubu** – The **Completion of a Donor funded Clinic**, one of the Department's new assets was the completion project through a Public Private Partnership agreement between the Eastern Cape Department of Health and a mining company, **Samancor Holdings**. The project is a new asset in the Mpindweni rural area and includes a primary health care facility, **staff accommodation**, provision of **borehole water supply** and **bulk infrastructure**. The district team is recruiting and allocating appropriate staff for the clinic as the commissioning ramps up with an aim to open the clinic in the first quarter of 2023/24.

As committed in the previous year, the projects amounting to **one billion three hundred and sixty million rand (R1.36 billion)** in the Alfred Nzo District have been delivered. Our healthcare teams are currently preparing to move in at Sipetu Hospital, Khutsong Hospital,

and the Meje Community Health Centre. We will be officially opening these facilities soon.

Honourable members, we echo the sentiments of our Premier, that this is *“a story of good progress.”*

### Infrastructure Projects 2023/24 FY

Madam Speaker, maintenance of our facilities is an important aspect of ensuring we are ready for the full implementation of the progressive NHI. The Department has commenced a programme to **address the infrastructure backlog** and **create a habitable environment** in all facilities of the Eastern Cape Department of Health. Though we shall continue with the construction of new facilities, our main focus in the 2023/24 MTEF will be on maintenance and upgrade of existing buildings. **More than 40%** of our infrastructure budget is allocated to maintenance within the MTEF and in the new financial year.

The Department is strengthening its capacity to implement and monitor the performance of our implementing agents in the delivery of infrastructure projects. This will ensure that projects move through the pipeline from planning, through construction to the close out phases.

Madam Speaker, I am pleased to announce that the Department was awarded an incentive grant of **seventy-eight million rand (R78.8million)** by Treasury as a recognition of compliance to the conditions of the Health Facilities Revitalisation Grant. The Department has resolved to utilise this budget to **upgrade security** at our facilities to safeguard our patients, staff, and assets.

Security remains the responsibility of everyone. We encourage the community to assist us in this regard, though bearing in mind that we should not take the law into our own hands.

In support of the District Development Model, the Department has aligned its infrastructure plans by district. By their nature, infrastructure projects are often carried across multiple years.

Madam Speaker, allow me to present projects and budget allocations for the continuing multi-year and new projects, per district, for the year ahead.

## ALFRED NZO DISTRICT

An amount of **one hundred and fifty-nine million rand (R159 million)** has been allocated for projects and maintenance of facilities in the Alfred Nzo District in the 2023/24 FY. Below are the facilities that are being renovated/ refurbished, including newly constructed facilities.

In **Ntabankulu LM**: Matubeni Clinic; Nokatshile Clinic

In **Maluti LM**: Maluti CHC; and

In **Winnie Madikizela LM**: Greenville Hospital

In Mzimvubu LM: Mount Ayliff Hospital

## OR TAMBO DISTRICT

An amount of just under **two hundred million rand (R200m)** has been allocated for projects at different stages, including maintenance in OR Tambo District. Below are the facilities that are being renovated, refurbished, including newly constructed facilities:

In **Ingquza Hill LM**: Good Hope clinic; St. Elizabeth Hospital

In **King Sabata Dalindyebo (KSD) LM**: Ntshele Clinic; Sir Henry Elliot Hospital; Lilitha College of Nursing; Mthatha Forensic

Pathology; Bedford Orthopaedic Hospital; Nelson Mandela Academic Hospital

In **Nyandeni LM**: Isilimela Gateway Clinic; St Barnabas hospital; Cwele Clinic; Isilimela Hospital; Canzibe Hospital

In **Mhlontlo LM**: Khubusi Clinic; Nessie Knight Hospital; St Lucy's Hospital

## JOE GQABI DISTRICT:

An amount of **one hundred and two million rand (R102 million)** has been allocated for projects at different stages, including maintenance in Joe Gqabi District. Below are the facilities that are being renovated, refurbished, including newly constructed facilities:

In **Walter Sisulu sub-district**: Eureka Clinic, Hilton Clinic, Maletswai Clinic, Aliwal Poly Clinic, Thembisa Clinic and Venterstad Clinic; Steynsburg Hospital

In **Senqu sub-district**: Barkly East Clinic, Bensonvale Clinic, Lady Grey Clinic, Esilindini Clinic, Ndofela Clinic and Sunduza Clinic; Lady Grey Hospital

In **Elundini sub-district**: Empilisweni Clinic, Maclear Town Clinic, Mqokolweni Clinic, Taylor Bequest Clinic; Ugie Clinic and Sonwabile Clinic; Taylor Bequest Hospital Isolation Facility; Maclear Hospital

## CHRIS HANI DISTRICT

An amount of **one hundred and sixty-two million (R162 million)** has been allocated for projects at different stages, including maintenance in Chris Hani District. Below, are the facilities that are being renovated, refurbished, including newly constructed facilities.

Molteno Hospital X-Ray unit

Mjanyana Hospital staff accommodation in Engcobo

Frontier Hospital



72 Hour Psychiatric Observation Units – Hewu Hospital, Cradock Hospital, Glen Grey Hospital, All Saints Hospital, Cala Hospital, Frontier Hospital and Cofimvaba Hospital  
Komani Psychiatric Hospital: Ward 5 and 6 upgrades

Madam Speaker, **All Saints Hospital** in AB Xuma Local Municipality will be a hive of activity in 2023/24. The Department has planned three projects this financial year: **the upgrade of the doctors' staff accommodation & refurbishment of the Gateway Clinic; upgrading of wastewater works; and the construction of a kitchen and laundry facilities.** All these projects are expected to be completed within the MTEF. A total budget of **fifteen million (R15 million)** has been allocated in the 2023/24 for these initiatives.

## AMATHOLE DISTRICT

An amount of **one hundred and ninety million rand (R190 million)** has been allocated for facilities that are being renovated, refurbished, including newly constructed facilities at different stages, in Amathole district. The facilities are listed below.

**Raymond Mhlaba sub-district:** Balfour Clinic; Fort Beaufort Hospital; Tower Hospital

**Mbashe sub-district:** Chebe and Xhora Mouth Clinics; upgrade of Madwaleni Hospital

**Amahlathi sub-district:** SS Gida Hospital

## BUFFALO CITY METRO DISTRICT

An amount of **three hundred and forty-eight million rand (R348 million)** is allocated to the facilities that are being renovated, refurbished, including newly constructed facilities at different stages, in Buffalo City Municipality. The facilities are listed below:

Grey Hospital

Cecilia Makiwane Hospital

Frere Hospital

## SARAH BAARTMAN:

An amount of just under **ninety-five million rand (R95 million)** has been allocated for projects at different stages, including maintenance in the Sarah Baartman District. Of this an amount of just over **nine million rand (R9 million)** has been allocated for the **repairs and renovations to fifteen clinics** in Sarah Baartman District in the 2023/24 Financial Year.

**Camdeboo Sub-district**, the clinics earmarked for infrastructure improvements over the MTEF are Rietbron Clinic, Willowmore Clinic, Baviaans Clinic, Kroonvale Clinic and Umasizakhe Clinic.

**Kouga Sub-district:** Misgund Clinic, Masakhana (Hankey) Clinic, Coldstream Clinic, Woodlands Clinic and Louterwater Clinic

**Makana Sub-district**, the facilities earmarked for improvement are Alexandria Clinic, Port Alfred Clinic, Raglan Road Clinic, Station Hill Clinic and Nolukhanyo Clinic and

**Blue Crane LM :** Bhongweni Clinic

**Madam Speaker, we have earmarked facilities for the upgrade of security in Sarah Baartman.** These facilities are: Woodlands Clinic,



Patterson Clinic, Stormsriver Clinic, Kenton on Sea Clinic, Nkwenkwezi Clinic, Patensie Clinic among others.

## NELSON MANDELA BAY METRO DISTRICT

An amount of **one hundred and sixty-six million rand (R166 million)** has been allocated for projects at different stages, including maintenance in the Nelson Mandela Bay District. These are listed below:

In **Sub-district A** of Nelson Mandela Bay Health District, the clinics earmarked for infrastructure improvements over the MTEF are Motherwell & Kwazakhele CHC, NU 11 Clinic, Lunga Kobese Clinic, Veeplaas Clinic, Soweto Clinic, Max Madlingozi Clinic, Letaetia Bam CHC

In **sub-district B**, the Rosedale CHC, Gustav Lamour Clinic, Park Centre Clinic, Middle Street Clinic, Silvertown Clinic are targeted to undergo Infrastructure Improvements.

In **Sub-district C**, the facilities earmarked for improvement are Booyens Park Clinic, Govan Mbeki Clinic, Algoa Park Clinic, Helenvale Clinic and Kwadwesi Clinic, Gqeberha CHC, & Walmer Town Clinic.

**Provincial Hospitals:** Livingstone; PE Provincial Hospitals; Dora Nginza Hospital

**District Hospitals:** Empilweni Hospital; Jose Pearson Hospital

The above progress and plans are a testimony of a Department that is **renewed, ready, and capable to advance Eastern Cape people's health interests**. Indeed, Honorable Premier Mabuyane, it is **irrefutable** that this is a **story of good progress**.



## HEALTH SERVICE DELIVERY PRIORITIES FOR 2023/24

Honourable Speaker, the Department continues to face serious risk in its operations. The greatest of these, is that of medical negligence. The Department is heartened by the decrease in the number of new medico-legal claims against the Department in this year, following the downward trajectory of new claims. The **contingent liability associated with medical negligence**, however, remains a serious concern as the settlement of these claims hampers the speed of our quality improvement initiatives. The recent Judge Griffiths landmark judgement is thus an important milestone in mitigating this.

The **quadruple burden of disease** remains a challenge and increases demand for care. We remain concerned about deaths that occur during customary male initiation. As a Department, we will continue to work with COGTA to save the lives of the young men of our province.

The Health System continues to be strained by **increasing incidents of injuries** due to trauma and violence – in the main, related to avoidable trauma such as Motor Vehicle Accidents (MVAs), interpersonal violence (GBV) and sexual assault incidents. Whilst emergencies by their very nature need to be prioritised, they do squeeze out the elective surgical and orthopaedic cases that also need clinical intervention.

**Substance abuse** resulting in mental illness is on the rise. The downside of this scourge is the pressure on available acute mental health beds.



In all of the above, the role of the whole of society is an influencing factor. We have learnt good lessons from the COVID-19 pandemic, when the consumption of alcohol was regulated. The caseload related to trauma and violence was reduced by 80%.

We appeal to our communities, religious and traditional leaders, civil society and other government Departments to work with us in addressing the social determinants of health. Making healthy choices like exercising, eating correctly, moderating alcohol intake and empowering our youth to make informed choices, especially with respect to sexual reproductive health and avoiding substance abuse, is vital.

Health is everybody's business! The Department can never overcome the burden of disease on its own. A whole of society approach is needed.

The Department will continue implementing the **Health Turnaround Strategy** to guide us towards the goal of quality health services, digitally enabled and data driven. The Turnaround interventions focus on building healthier communities through the priority health programmes, and strengthening health systems. We will build on progress made towards financial sustainability, optimising the service delivery platform, and introducing efficiencies through innovation and digitisation.

## INTEGRATED MEDICO- LEGAL STRATEGY.

The EC government has taken active steps to address medical negligence risks by implementing an integrated medico-legal strategy to stop the haemorrhage of funds out of the health budget, coordinate better management and defence of these cases, whilst at the same time preventing future cases by improving the quality of

health care- in particular, care provided to pregnant women and children with cerebral palsy.

In addition, ten of the twenty-eight priority district hospitals will be capacitated to provide the full comprehensive district hospital service, inclusive of surgical and orthopaedic capability.

Already in the 2021/22 and 2022/23 financial years, less than five hundred million rand (**R500-million**) is anticipated to be paid out instead of the **two billion rand (R2-billion)**, had we not implemented these interventions.

We have made progress with the development of rehabilitation services in the province. The Department has made several appointments in the 2022/23 financial years to strengthen rehabilitation services. This includes critical operational and management posts at the three identified **Rehabilitation Centres of Excellence** at Nelson Mandela Academic Central Hospital (NMACH), Cecilia Makiwane and Frere Hospital academic complex; and Dora Nginza Hospital.

Specialised machinery and equipment to the value of **four million five hundred thousand rand (R4,5-million)** has been procured for rehabilitation services with **five hundred and seventy-eight thousand, eight hundred and twenty-five rand (R578,825)** being utilized for equipment specifically required for the public health defence at the three centres.

Focused training was also conducted on **Cerebral Palsy Management**, where a of **total seventy-two (72) therapists and their assistants** were trained. Another **forty-eight (48)** were trained



in **Basic Wheel-chair sitting**, as well as **thirty-two (32)** trained on **Intermediate Wheelchair Sitting**.

The infrastructure improvements at the Sir Henry Elliot site will be completed and handed over to the Department by the contractor in the quarter ahead. Cecilia Makiwane Hospital and Dora Nginza are ready to function as Centres of Excellence.

The Department went to court on the Noyila Matter, our **test case on the public health care defence to build common law and reduce the financial exposure** that comes with upfront and lump sum settlements that carry significant allocations for future medical costs.

Hon Speaker, I am glad to report that the Department has won this case, not only for the Department and provincial government. If the judgement stands, it will potentially benefit the entire public health sector. This is a landmark judgement, which would not have been possible without the collaboration and working relations between the Department, the **Specialised Litigation Unit (SLU)** and our **Provincial Treasury**, supported by **EXCO**.

The recent 7 February 2023 landmark judgement of the Bhisho High Court, gives us a glimmer of hope, as Judge Griffiths ruled to make it common law, that reparation for medical negligence claims can be expanded beyond once and for all, lump sum cash settlements, to also include that, services and supplies can be provided by the Department of Health.

The judgement also makes provision for the novel “undertaking to pay” defence which allows the State to undertake to provide for those **services and supplies it may not have, as and when needed**.

The Court wisely ensures that the Rights of the child with cerebral palsy is protected whilst also protecting the Rights of all other citizens who depend on the public sector for healthcare.

The Provincial Treasury Forensic Audit Unit investigated claims already paid out and have handed over **twenty-five (25)** cases of alleged misconduct to the Legal Practices Council – **15 (fifteen)** of these are undergoing Disciplinary processes, and the remaining **10 (ten)** firms are still making submissions to the Council.

The Special Investigation Unit (SIU) and law enforcement agencies are working with Provincial Treasury to investigate other cases of suspected fraudulent claims and over-billing by certain attorneys.

The Department has allocated **five million one hundred and fifty thousand rand (R5,150 million)** to build capacity of the medico-legal unit across the service platform – this will strengthen the administration and coordination of legal cases.

Bold steps and focus on capacitating legal services unit have been undertaken, with a budget injection from Provincial Treasury. To date, the following capacity has been built:

- the appointment of a Senior Manager: Legal services is being finalized and will assume duties in the new financial year;
- 3 × Senior Legal Admin Officers; and
- 1 × Legal Admin Officer, with 2 others to join in new financial year.

The Department is bolstering the Administrative support focusing on strengthening PAIA management with the appointment of **twenty-one (21)** Admin Support Clerks and **thirty (30)** Records Clerks that are digitising critical maternal records onto HMS2.



Through the hub approach, our clinical teams led by our specialists are playing a very critical part in formulating our defence. The Department is working tirelessly to ensure that all our CP units and Centres of Excellence in Dora Nginza, Cecilia Makhiwane and Frere Hospitals are ready to serve and have all the necessary capabilities.

## ADDRESSING THE BURDEN OF DISEASE

One of the biggest setbacks of the last three years globally has been the decline in routine childhood immunization rates. As vaccination rates dropped, the number of children without any dose of vaccine—or zero-dose children—has greatly increased, leading to concerns of various outbreaks of vaccine-preventable diseases. Last year the number of measles cases more than doubled worldwide.

**TB and HIV** followed by **non-communicable diseases** remain the top leading causes of deaths in the Eastern Cape. The order of the **top ten causes of death is changing** and reflects the massive effort and expenditure on the HIV epidemic in the last two decades, which have reduced the contribution of deaths due to HIV in the province. The success of the antiretroviral treatment programme, with focus on early initiation of treatment in the course of the disease, has resulted in an improvement in life expectancy in the Province.

The **increase of non-communicable diseases**, particularly **diabetes mellitus** (type 2) and **hypertension**, is caused by the **changing lifestyles** (reduced physical activity, increasing consumption of foods, high in salt and sugar and other factors) as well as **ageing of the population**.

Stats SA 2020 reports that **accidental injuries, assaults and transport accidents** are leading causes of non-natural deaths in the EC.

These morbidity and mortality trends inform our approach and resource allocation for targeted interventions as per the trends and age categories.

For two years, resources from other parts of the health system were diverted to COVID-19. As a result, there is a **need to catch up with diseases and social determinants** notably, mental health; HIV and TB prevention and treatment; non-communicable diseases; and malnutrition in children. Now that COVID-19 has become endemic, global health has been **refocusing on primary health care services** as the top priority.

In the Eastern Cape we are **rebuilding our capacity and capability to provide these services** and make up for lost time. This includes routine immunization; disease detection and control; maternal and child health; and mental health well-being and resiliency programs for our frontline health workers.

The Department has made strides in addressing the quadruple burden of disease in the last year, post-COVID.



## MATERNAL, WOMEN AND CHILD HEALTH

**Bhimrao Ramji Ambedkar**, an Indian jurist, economist, social reformer and political leader, who headed the committee drafting the Constitution of India, famously said:

*"I measure the progress of a community by the degree of progress which women have achieved."*

Honourable Members, globally, maternal and Child Health Indicators are used as a yardstick to measure the quality of health Services rendered by various countries including South Africa. As Eastern Cape we have joined forces to implement various strategies to reduce maternal and child health mortality in the province. We are very pleased to report that the Department achieved a **significant reduction in maternal mortality rates in the third quarter of 2022/2023** financial year to **85,8 per 100,000 live births compared** to around 157 deaths per 100,000 live births during COVID-19 and around 108 per 100,000 pre-COVID-19.

Madam Speaker, we have adopted a coordinated approach to reduce child and maternal mortality in the province. To this end we conducted **Community-based campaigns to encourage early booking of women before 20 weeks** through integrated health education and community engagement. It is for this reason that an amount of **forty- million rand (R40million)** is availed for 2023/24 FY to support these interventions.

We have ensured that women are prepared for birth through our Antenatal Care Services. This is a comprehensive **Basic Antenatal Care (BANC) program** that involves a coordinated approach, continuous risk assessment and psychological support that is optimally



initiated before pregnancy and extends throughout the postpartum and inter-pregnancy periods.

We are working hard to improve accessibility to the CTOP service, thus minimising possible damages caused by backstreet CTOP providers. We have now ensured that all districts have facilities offering the service with the trained providers. Currently, there are **fifty-seven (57) health facilities** that are offering CTOPs

We embarked on capacity building and skilling of our Health professionals in the twenty-eight (28) priority hospitals in order to **improve competency and quality** of health services in all the **Maternity units**.

To date, a total of **sixty-seven million three hundred and fourteen thousand and forty-one rand (R67 314 041)** has been spent on various **medical equipment** that addresses maternal and child related challenges throughout the province.

Equipment procured includes **Theatre equipment** such as Theatre tables (15), Theatre Lights (11); Anaesthetic Machines, Diathermy Units (5), Resuscitation Warmers (17) to receive our newly born babies.

**Monitoring and resuscitation equipment** were also procured, to ensure proper monitoring of patients admitted in hospitals. This includes: Defibrillators (30), Vital Signs Monitors (150), High Care Monitors (20), Suctions (100) and Resuscitation Cribs (10) for the new-borns

We are however concerned about the increasing trend of **deliveries among 15-19 years** in our facilities, as we reported 18% in quarter 3,



an increase of 3% from quarter 2. The Department is working in collaboration with various stakeholders **to reduce teenage pregnancy.**

To address this challenge, the Department of Health has facilitated support with **United Nations Population Fund (UNFPA)** which is working closely with the **Department of Education** and **Imbumba Yamakhosikazi Akomkhulu (IYA)** to address issues of behavioural change among teenagers, focusing in O.R. Tambo and Alfred Nzo districts.

We are strengthening the establishment of adequately functioning youth zones to increase access to youth services. We are very delighted to report that we have made strides in

the province as we have already established **four hundred and sixty-six (466) Youth Zones** operating throughout the province, a **16% increase** from the previous year.

We have signed a Memorandum of Understanding with institutions of Higher learning, in order to **increase access to contraceptive and family planning services.** As a Department, we embrace partnerships; we are working in collaboration with existing community organisations like **Inkciyo** which empowers young women in and out of school, through sexuality education including prevention of teenage pregnancy.

Honourable members, we are pleased to report that we have observed a **significant reduction in Severe Acute Malnutrition case fatality rate**, as we reported 7.5% in quarter 3 compared to 11% that was reported in 2021 /2022 financial year.

Madam Speaker, this great achievement is attributed to the growth monitoring and promotion both in community and facility level and provision of Nutritional Supplementation to malnourished children.

It is also worth mentioning, that the Department has collaborated with other Departments like **Social Development, Department of Rural Development and Agrarian Reform and Home Affairs**, to address social determinants of health associated with child malnutrition, through the implementation of the **Integrated Maternal and Child Development programme**.

Madam Speaker, in an effort to reduce under five child mortality rate, catch-up drives in collaboration with UNICEF, were conducted to improve immunisation coverage, which had significantly dropped during the lock down period due to COVID-19 regulations. Due to interventions implemented, **immunisation coverage rate has since improved significantly** from 69.3% in the financial year 2020/2021 to **83% in 2022/2023**.

The Department has made progress in child mortality with fewer children dying from diarrhoea – the case fatality rate due to diarrhoea in children under 5 years decreased from 2,9% in 2021/2022 to 1% in quarter 3 2022/2023 and the number of children under 5 years dying from acute pneumonia decreased slightly from 3% in 2021/2022 to 2% in quarter 3 of 2022/23.

This is indeed “a story of good progress”.

We are concerned about the neonatal death rate in the province as we reported 13.1 per 1000 live births in quarter 3. To address this challenge, the Department is building capacity in the 28 Priority hospitals, by ensuring that **neonatal units meet the minimal**



**requirements** for the provision of **standard inpatient care and Kangaroo Mother Care**. This will reduce overcrowding in Tertiary hospitals.

Maternal deaths in the province were reduced from thirty-seven in the financial year 2021/2022 to twenty-two deaths in the financial year 2022/2023. This is attributed to Essential Steps in Managing Obstetric Emergencies (ESMOE), Basic Antenatal Care (BANC) and K2 trainings which covered a significant number of clinicians in all districts. In recent years, hypertension has been a leading cause of maternal deaths but that has since changed due to implementation of the guidelines on the management of hypertension during and post pregnancy.

Currently, the leading causes of maternal deaths as per the recent audited report, include **HIV and TB**. To address this challenge there is an increased effort to **screen all women of reproductive age at a community and facility level** to boost early booking of pregnant women before 20 weeks. This will be done to achieve early identification of pregnant and HIV infected women, to minimise pregnancy-associated complications, identify congenital birth defects, Prevent Mother-to-Child Transmission (PMTCT) and promote early access to termination of pregnancy services.

Strengthening of access to quality antenatal care services by pregnant mothers is critical for the early enrolment of HIV positive mothers to antiretroviral therapy programme. All pregnant mothers are screened for TB to reduce complications that could result from the infection.

The Province has **clustered district hospitals to conduct safe caesarean sections** to assist with resource sharing, reduce distances travelled by inter-facility obstetric ambulances.

Madam Speaker, it is three years since the province recorded its first case of coronavirus on the 21<sup>st</sup> March 2020 at Xhora magisterial area of Amathole district.

COVID-19 is still very much among us which is why we encourage people to get vaccinated. Vaccination the best defence that we have against this vicious virus. A fully vaccinated person has more chances of surviving compared to a non-vaccinated person.

As of the 19<sup>th</sup> March 2023, a total of **four million four hundred and fifty-six thousand three hundred and forty-six (4, 456, 346) vaccine doses** have been administered in the province.

We are also pleased to observe that, **two million six hundred and thirty-five thousand four hundred and eight- eight (2, 635, 488) individuals** which is **53%**, have at least received a single dose of Johnson and Johnson and first dose of Pfizer vaccine.

**Two million two hundred and nine thousand and ninety-three (2,209,093) individuals are fully vaccinated.** This translates to **44% vaccination coverage.**

The Department is implementing interventions to ensure that **COVID-19 vaccination** is fully **integrated into the routine health services** at all the levels of care.



## STRENGTHENING DISEASE SURVEILLANCE CAPABILITY

Honorable members, an effective disease surveillance system is critical for early detection and response to disease epidemics. We are excited about the **Field Epidemiology programme** that learners completed in the 2022/23 year. This programme seeks to **strengthen public health surveillance of notifiable medical conditions** and the capacity of the Department to **detect early, investigate, and respond** to the **outbreak or epidemic-prone diseases**.

The South African Field Epidemiology Training Programme of the **National Institute of Communicable Diseases (NICD)** piloted the **Intermediate Field Epidemiology Programme** in the Eastern Cape.

**Fifteen (15) health professionals were trained in field epidemiology** from November 2021 to November 2022. From the 29<sup>th</sup> to the 30<sup>th</sup> of November 2022, our province **hosted the Epidemiology and Public Health seminar** where the students presented their research findings.

On the 29<sup>th</sup> of November 2022, there was a **graduation ceremony** where the health professionals graduated (received certificates) in field epidemiology.

From February 2023, **twenty (20) health managers** were enrolled in frontline field epidemiology. The current cohort will be graduating in June 2023. These students will be enrolled in the **Intermediate field epidemiology program**.

**We are RENEWED, READY AND CAPABLE**

## HIV & AIDS AND TUBERCULOSIS

For the 2023-24 MTEF, budget allocation is **eight billion six hundred million rand (R8,60billion)**. For the year ahead, **two billion seven hundred and forty-three million rand (R2.743 billion)** of the **two billion nine hundred and sixty-three million rand (R2,963 billion)** for comprehensive HIV, AIDS component of the District Health Programmes budget is allocated.

Our government remains committed to the **goal of an HIV free generation**. To this end, the treatment cascade has been increased from **90:90:90 to 95:95:95** from 1<sup>st</sup> April 2023. **Ninety-five percent (95 %)** of people must **know their status**; of those tested positive, 95% must be initiated on treatment, and those on treatment 95% must be virally suppressed.

As at the end of November 2022, the Eastern Cape stood at **92:73:90** in terms of performance against the 90-90-90 targets across its total population, derived from both Public & Private sector data.

To achieve 95:95:95 targets by 2030, Eastern Cape **must increase** the number of clients **on ART** by **two hundred and seven thousand seven hundred and eighty-four (207 784)**. Amongst **adult females** the required increase is **one hundred and sixteen thousand one hundred and twenty-two (116 122)**, whereas an increase of **eighty-three thousand and eighty-eight (83 088)** **adult males** is required.

This expected achievement will be staggered over the years through the annual performance planning of the Department.

Currently, in line with the TB Recovery Plan, the priority for TB is finding the missing TB patients. To achieve the first 90 of the TB cascade, the Department focussed on optimizing TB screening in health facilities and in communities. The Department is performing well, as it has reached this target. **All the districts** performed well in the past three quarters, and are all **above target**, as the **key populations are investigated irrespective of the TB screening results** so as to **find the missing undiagnosed TB patients**.

The National Department of Health, in partnership with United States Agency for International Development (USAID), developed a **TB Recovery Plan** as a strategy to **improve TB prevention and DR-TB (drug resistant TB) indicators** that were affected and regressed during the COVID-19 pandemic era.

Eastern Cape Province, in partnership with CHAI, were oriented in **TB Check, which is a self- TB screening platform**. The programme kicked-off **in Nelson Mandela in October 2022** and is being rolled out across the province.

## NON-COMMUNICABLE DISEASES (NCD)

Routine services for non-communicable diseases (NCDs) in our province were greatly impacted by COVID-19. Follow-up visits for patients with NCDs were postponed and healthcare workers (HCWs) were re-deployed to COVID-19 services. Delays in diagnosis, monitoring and treatment of NCDs, particularly at primary health care level has potentially severe implications for people living with NCDs. In 2020, seven hundred and thirty thousand (730,000) TB episodes were estimated to be linked to tobacco smoking. People with NCDs are more likely to have severe health outcomes not just from COVID-19, but also from diseases like TB and HIV.



Our NCD programmes address oncology (cancers), Mental Health and Diseases of Lifestyle – hypertension, diabetes, obesity, hyperlipidaemia; stroke; cardiac and renal disease.

## ONCOLOGY IN NMACH

The Department has made progress with respect to the provision of oncology services to people living in the eastern part of the province. We have appointed a contractor for the turn-key design and construction of the Oncology Unit at Nelson Mandela Academic Hospital (NMACH). In the previous FY's Policy Speech, we reported progress made on the appointment of the service provider for this project.

The contract for the development of an Oncology & Radiotherapy unit at Nelson Mandela Central Hospital will cost **four hundred and sixteen million (R416m)**.

Due to the uniqueness of the project, a design and build procurement strategy was used. The designs are at an advanced stage, the Department and the contractor will start with on-site works in the 2023/24 FY. The Brachytherapy machine has been delivered while the Linear accelerators will be delivered in accordance with the implementation program of the contractor. Honourable members, this is indeed a unique project and will ensure cancer care is provided to current and future generations.

**Chemotherapy unit** is now operational at the state- of- the- art Sir Henry Elliot site, saving patients having to travel to East London for this component of cancer care. NMAH is proud to have appointed Dr Zukiswa Jafta as the Head Clinical Unit for oncology and welcomed two new doctors, Dr Nkomo and Dr Mapeyi.



## MENTAL HEALTH

COVID-19 was a “wake-up call” for the urgent need to strengthen mental health systems worldwide.

Despite the prevalence of mental health issues, and the alarming rise in numbers over the past few years—especially among young people, women, and health workers—mental health services were severely disrupted during the pandemic. These services are also still in a largely nascent stage.

Madam Speaker last year, I raised the challenges of the impact of COVID-19 on the mental health of citizens and I indicated that we will do more in mitigating the impact of psychosocial challenges in our communities.

It is for that reason; I can proudly report that the **recommendations of the Ombudsman and the South African Human Rights commission have been implemented** except some infrastructural projects that are well advanced in terms of planning and allocation of funds.

Regarding the Ombudsman's recommendations on Tower infrastructure renovations, I am happy to indicate that the infrastructural project of **renovating the seclusion rooms has been completed**. The consultants are in an advanced stage of infrastructure planning, and we will be ready to deliver the **complete renovations and fencing** of Tower Hospital in this financial year to total project cost of **seventeen million two hundred and fifty thousand rand (R17 250 000)**.

The Department has appointed the Director for Mental Health Services and the Department has moved with speed in addressing the

development of the Mental Health Strategic Plan that will inform Departmental policy decisions.

The process of rectifying systemic challenges in the Department is continuing, with projects involving communities in the management of their health. International Mental Health Day was held in Makana Local Municipality and was attended by approximately five hundred community members.

The Directorate is in the process of recruiting experienced mental health professionals to enhance its functionality and effectiveness in addressing mental health challenges.

The directorate is playing a crucial role in the establishment and functionality of the **provincial interDepartmental forum** that includes the Department of Health, Department of Social Development, Department of Justice and Department of Education. This forum focuses on the assessment and placement of children with disruptive disorders.

The Department has officially opened the state- of- the- art, **fourteen (14)-bedded child and adolescent unit in Fort England** at a total cost of **twenty-nine million rand (R29 million)**. This unit has the full complement of staff, including the Child Psychiatry Specialist who is also the son of the soil (Dr Luzuko Magula). This facility has the capacity to train registrars who are specialising in Psychiatry, thus increasing the pool of child psychiatrists in the Province.

An amount of **nineteen million rand (R19 000 000)** has been ring-fenced to strengthen the functionality and effectiveness of the **Mental Health Review Boards**. This is a clear commitment to ensure the protection of the rights of mental health users in our facilities.



Madam speaker, this Directorate is doing a good job in managing mental health services, contrary to what some may think. The total budget inclusive of all funding allocations is eight **hundred thousand rand (R 800 000)**.

The Directorate has played a major role in assisting districts in the recruitment and appointment of critical staff to form the backbone of Mental Health District Specialist Teams.

The Department has advertised and filled the posts of **Komani Hospital Nursing Service Manager**. We have advertised the posts of the **Chief Executive Officers for Tower and Komani Hospitals**, selection processes will be finalised early in the new financial year.

Mental Health Services in our province is organised in the following form:

- Provincial Health Directorate providing policy, strategy and support.

- Community based services where we support five non-governmental organisations (Khulanathi Psychosocial Rehabilitation, PE Mental Health Care, Care Haven Psychiatric, Algoa for the Frail and Kirkwood Sanatorium Life Esidimeni).

- Primary Health Care Services wherein seven hundred and thirty-three (733) clinics and forty-two (42) Community Health Centres provide mental health care, focusing primarily on early diagnosis and treatment.

- District Hospital Services where forty (40) listed district hospitals across all health districts are permitted to admit and assess mental status of the patients. However, majority of them do not have an appropriate infrastructure to handle aggressive mental health users.

Regional, Tertiary Hospital and Specialised Mental Health Hospital Services that provides designated mental health services wherein the certified mental health care user is admitted and treated – we have a total of **one hundred and forty-nine (149) beds** collectively.

Specialised Mental Health hospitals package of services, provided by Komani, Tower, Elizabeth Donkin and Fort England Hospitals with a total of **one thousand and thirty-six (1336) beds** collectively.

The infrastructure for the psychiatric facilities has degenerated over time and most of the current beds I mentioned in my opening statements are concentrated in the western area of the Province.

It is for these reasons that the Department has prioritised **infrastructure funding of 28 hospitals** that will **provide ideal 72-hour observation units** that are not only safe for mental health users but equally safe for the staff as well. These facilities will be the hubs and referral sites for the “spoke” hospitals.

The Eastern side of the province will be increasing their mental health beds by the addition of thirty-three (33) beds from another state of the art, **St Barnabas Hospital Mental Health unit in Libode** at a total cost of **twelve million rand (R12,7million)**. This facility will be officially **opened in October 2023/24 FY**.

**Dora Nginza Mental Health Unit** infrastructure concept report for improvements of an existing building to accommodate **72hour observation unit** has been completed. The total costs of construction will be **thirty million and four hundred thousand rand (R30,4 million)**



The **Cecilia Makiwane Hospital Psychiatric 72- hour Observation Unit** with nineteen beds) – the concept and feasibility stages are completed. The total costs of the total project when complete will **be eight million and nine hundred thousand rand (R 8,9 million)**

The **Mthatha Mental Health Unit** that had been dilapidated for some time, is currently under **renovation** at a total cost of **four million and nine thousand rand (R4,9 million)**

***Strengthening community based mental health intervention programmes:***

The burden of disease has shown a radical increase in substance abuse, thus resulting in more mental health problems in the Province and the country. This increases a need to strengthen our prevention, promotion, and rehabilitation services.

The service platform has been strengthened by the employment of **thirty-one (31)** Registered counsellors across all districts (Highly trained officials with Bachelor of Psychology degrees).

These Registered Counsellors will chiefly focus on identifying the burden of diseases in communities (may include substance abuse, Gender Based Violence and child pregnancies etc.) then design specific programmes and projects, in collaboration with other relevant professionals to address the identified health problems at community level.

In addition, this financial year, we have appointed **three (3)** clinical psychologists who will form the backbone of professional support to the community based registered counsellors and empower other health workers in the diagnosis and management of mental health conditions.

We are compelled to work with sister Departments like the Department of Social Development, South African Police Services and the Department of Justice to decisively manage and control the challenges of mental health users roaming aimlessly around our streets taking into consideration the provisions of the Mental Health Care Act No.17 of 2002.

We will continue to engage with stakeholders to promote **community residential care and day care services** throughout the province. **Community-based rehabilitation centres** will be established in districts in the strategic period ahead. Working with the NGO's, we will expand the number of **halfway houses** around the province to prepare patients for integration back into their communities.

In 2023/2024 FY, we will continue to recruit more psychiatrists, registered counsellors and clinical psychologists who will focus on building community mental health at the district level to prevent mental illness rather than focusing in the curative approach.

## INJURIES DUE TO TRAUMA AND VIOLENCE

Globally, there are an estimated **five billion (5) people** who lack access to safe surgical care, most of whom live in low-middle income countries. It is estimated that one out of every three people in SA will need surgical care during their lifetime. Following COVID-19, surgical services have been affected globally, with increased waiting times for elective surgery and bottlenecks to access emergency surgery. Rural communities are especially affected.

The Eastern Cape has a high number of district hospitals, but these hospitals are not all distributed in areas of high population density. Many district hospitals have low Bed Utilisation Rates (BUR) and many



do not offer the full basket of surgical services. This places a huge burden on the few regional and tertiary hospitals.

We have identified twenty-eight (28) priority hospitals in the province that will act as “hubs”. The “hub” hospitals will provide a broader basket of services including surgical services. **Referral pathways with nearby surrounding spoke hospitals are being set up** and supported by districts and EMS.

In 2023/24 FY, we will establish surgical capability at 8-10 of these priority hospitals, ensuring staff, infrastructure and equipment is available.

The Department has begun strengthening its surgical and orthopaedic capability in the 2022/23 year. Surgical Centres of Excellence have been identified to stop the current expensive tourist trips endured by our communities when they travel many hours and even days to Tertiary hospitals for surgery.

Arthroplasty surgery has a waiting time of five years, and the plan is to reduce the waiting time, depending on resource envelopes, to two or three years, within the next three years.

The three **arthroplasty centres of excellence** will be established in the MTEF. There is to be one such centre in each referral zone - Cecilia Makiwane Hospital; Livingstone Tertiary Hospital; and Bedford Orthopaedic with outreach services to Dr Malizo Mpehle Hospital.

**Cataract surgery** with waiting times of six months to over 3 years in some cases, will be reduced through its four **centres of excellence** identified in the following districts: Sarah Baartman; Joe Gqabi; Alfred Nzo and Amathole.



To strengthen the surgical and orthopaedic capability in the eastern region, we are planning to open a 24-hour operating theatre at the Bedford Orthopaedic Hospital in Mthatha. We shall employ more specialists and procure more equipment to this regard.

At the **Nelson Mandela Central Academic Hospital**, a **milestone in cochlear implant rehabilitation has been achieved**.

At present, these children can hear and can engage in normal conversation and were thus ready to explore the world of mainstream education. Collaboration with the Department of education ensured success of this integration. **Teachers in the Mandela Primary School were trained and are eager and ready to accept learners.**

An outreach initiative for patients that have long been awaiting **breast operations** for various conditions, was done by Nelson Mandela Academic Hospital plastic surgery team, utilising the Mthatha Regional Hospital theatres. A **weekend** was dedicated to this, and **seventeen patients** were seen and **operated- on successfully** in partnership with the Foundation of our very own plastic surgeon, Dr Nogaga and Operation Smile.

This is indeed a “decisive action to advance the people’s health interests.”

Livingstone only had 6 out of 8 theatres working post-COVID-19. As part of the Nelson Mandela Bay (NMB) intervention, an engineering team was appointed, assessments were done, and contractors appointed. Now **8 out of 8 theatres are functional**. Once the identified staff is appointed in the 2023/24 financial year, Livingstone



Tertiary Hospital (LTH) will be able to run these two theatres as **dedicated emergency theatres**, operational 24/7 – one for general surgery and one for orthopedics. This will create room for more elective procedures in the main theatre complex.

The **appointment of the Head Clinical Unit: Ear, Nose and Throat** (November 2nd, 2022) has led to the establishment and **expansion of specialised ENT** services. Skills development on management of hearing implants was attained through the attendance of our specialist at a Cochlear Implant Course in Austria.

We are thrilled to report that, through our partnership with South African National Council for the Blind (SANCb), **fifty-six (56)** cataract surgeries were conducted at St Elizabeth hospital and a total of **seventy-seven (77)** surgeries at Butterworth hospital. In November 2023, we will be performing sixty (60) cataract surgeries at St Barnabas hospital.

In an attempt to **address cataract surgery backlogs**, the Livingstone ophthalmology team under the leadership of Dr Danie Louw, had **two (2) weekend camps** “Eye Care Do You”.

on November 26th and December 10th, 2022 respectively, where a varied number of procedures were performed. A **total number of 30 patients** were operated on.

## EMERGENCY MEDICAL SERVICES

The programme has developed a plan to improve performance in the response rate for priority one calls, inter-facility transfers, and planned patient transport services.

**Improving response times** for priority 1 calls in both rural districts and urban metropolitan municipalities has a direct contribution to the provincial goal of improving the quality of health care for all residents of the Eastern Cape.

The priority 1 calls mainly include the maternal and neonatal care, cardiac related incidents, and trauma incidents. The ability to respond to these incidents by **qualified emergency care practitioners**, with **appropriate equipment** will ensure that the quality of health care provided to the community and residents of the Eastern Cape is of the **highest standard**.

Since the majority of priority 1 cases require advanced skills in emergency care, the Department will invest in **increasing the number of paramedics** that have specialised skills to manage emergencies. The **placement** of these paramedics will **prioritise the rural districts** such as Alfred Nzo, Joe Gqabi, Amathole, OR Tambo, and Sarah Baartman.

**Decentralisation of ambulances resources** closer to communities is planned for expansion in the medium term. This strategy is guided by the national norm of one ambulance to a population of ten thousand (10 000). The programme has started **utilizing global positioning system (GPS) coordinates** to review current location of EMS bases around the province. This analysis seeks to **link the EMS bases with the community and the referral health facility**.



The next phase will consider the **rational location of bases** to ensure proximity to the communities and referral health facilities. In **addition to the population**, the programme is including the **geographic size of the area** as this also has an **impact on the response time**. Once the implementation of this strategy is completed, then the response time will be shorter as **ambulances when dispatched will be from the local base closer to communities**.

A second approach to decentralization involves the **allocation of dedicated ambulances at priority hospitals for inter-facility transfers**. The programme has started the process of placing ambulances **at high volume hospitals** to deal with referrals (upwards and downwards) and discharges.

Inter-facility transfers account for the largest volume of cases handled by EMS, often **greater than 30% per quarter**. These cases are mainly patients being referred to the next level of care and also discharges from higher levels of care to district hospitals.

Over the medium term, the programme will expand the service to other hospitals in the 28 priority hospitals list, starting in **this financial year with Butterworth Hospital, Bhisho and Grey Hospital, Tafalofefe hospital**, amongst other identified hospitals.

We reported in the previous policy speech that a contractor was appointed, the implementation of electronic call taking, and dispatch (CAD) solution commenced.

The Department has **maintained the total fleet of 808 vehicles** which include 447 ambulances, 181 patient transport vehicles, 118 response vehicles, 41 rescue vehicles, and 21 administration vehicles.

The Department has on average of between **60 – 70% operational fleet** while the vehicles are often grounded with a long turnaround time at local merchants. Emergency Medical Services replaced ageing fleet that was non-compliant and had high mileages exceeding 300 000km/40 months. A **total of 57 replacement ambulances** were received in this financial year.

### ***Aeromedical Services***

The **36-months aeromedical tender was advertised in the open market and is ready for evaluation**. In the **interim** and to ensure availability of this life saving service over the peak season, an emergency procurement has been awarded for a period of six (6) months.

These resources (helicopter ambulance and the fixed wing aircraft) help to improve response times to priority 1 calls. The helicopter service is operating from Nelson Mandela Metro, Buffalo City Metro, and OR Tambo district.

These locations are the main points while the service is available to the whole province, western districts, central/northern districts, and Eastern districts, respectively. The service has been despatched to highly critical emergencies, especially in hard-to-reach parts of the province where road transfer would take longer hence compromising the outcomes of care.

The programme also utilizes a **fixed wing air ambulance** service on **an ad hoc basis** to transfer patients to central hospitals in other parts of the country, as needed.



The College of Emergency Care has officially been recognised as an American Heart Association International Training Centre. This great recognition is effective from 7 January 2023 to 7 January 2026.

This is something to be proud of as this ensures continued up-skilling of our healthcare professionals in dealing with emergencies and rescuing lives.

## FORENSIC PATHOLOGY SERVICES

We continue with interventions on the challenges faced by forensic pathology services on human resource and infrastructure. Progress has been made on human resource as committed to in the 2022/23 policy speech. Infrastructure is one of the major challenges in Forensic Pathology Services. Some of these facilities were inherited from SAPS during transfer of the service to the Department of Health. For the MTEF, an amount of **fourty four million rand is allocated (R44million) and twelve million five hundred thousand rand (R12,5million)** for the 2023/24 FY.

Other facility structural designs need to be revisited and considered for refurbishment and upgrade. Infrastructure has a budget available for this purpose across the MTEF. The units in Bhisho, Bizana, Mthatha and Queenstown are the facilities most in need of infrastructural improvements and have therefore been prioritised for 2023/24 financial year.

There have been numerous developments in Forensic Pathology Services regarding recruitment of personnel that will be responsive to the anticipated workload.

In strengthening capacity and building an effective leadership, the Department has planned to recruit the Senior Manager Forensic

Pathology Services in the financial year 2023/24. This initiative will augment the current recruitment initiatives of **two posts of Regional Managers** (Mthatha, East London regions) and **three posts of Mortuary Managers** (Mthatha, New Brighton and Aliwal North). A total of **thirty-three (33) officials have been employed** in Forensic Pathology Services in 2022/23 financial year, which includes Medical Officers, Forensic Pathology Officers and Admin Staff.

The recruitment of these officials has shown tremendous improvement in the efficiencies of Forensic Pathology Services – response times, employee wellness and post-mortem turn-around times have all improved.

**Thirty (30) Forensic Pathology Officers** have also been **registered for a one-year certificate** in Forensic Science which started on the 13 March 2023. The second intake will be registered for the next year.

Aging cold storages, inadequate post-mortem workstations and other body conveying equipment are some of the areas we have identified to be addressed as we **pursue the ideal status of Forensic Pathology Laboratories** in the period ahead.

Post-mortems to be done on gunshot bodies, and/or in decomposed or charred bodies are very complicated. It takes time to arrive at a conclusion, especially in the determining a bullet trajectory and where it settled.

Deaths arising from use of firearm are gradually rising. Scanning of these bodies before post-mortem is an ideal system in the forensic pathology practice to avoid medico- legal damage of the required critical evidence. **Two Lodox machines have been procured and**



delivered to the forensic units in Mthatha and New Brighton – these are being installed. The Department will be **procuring two more Lodox machines** in the year ahead for the Mdantsane and Queenstown facilities.

Mthatha is overwhelmed by +\_ 3000 bodies per year and in the 2019 this work overload led to undesirable adverse events. This overflow is apparently caused by district body collection overlap which includes 400 bodies from Ngcobo under Chris Hani Health District. The **construction of a new facility at Ngcobo** as a long-term solution over the MTEF period will be initiated. A budget allocation of one million rand (R1m) is set aside for planning for the 2023/24 FY.

Infrastructure improvements include redesigning and reconstruction of **frontline offices** at all dissecting facilities, construction of **visitor's holding/waiting rooms** and **counselling facilities** and **installation of technological and innovative features to control body movement** and prevent body loss. The forensic pathology suites need to increase security and install maximum-security features.

Availability of **designated body loading vehicles** is a critical requirement in the forensic pathology sector to serve our communities and criminal justice system. The Department is going to **procure twenty-two (22) body loading vehicles in 2023/24** financial year, to add to the **current fleet of fifty-one (51) vehicles** that are in operation. These will be only 4x4 vehicles that can access our communities as close as possible, in different weather conditions.

The Dutywa facility was opened in December 2022. Three officials including a Medical Officer were deployed to conduct operational duties and the unit is operating extremely well. **A budget of R1.5m is allocated for operations.**



## REHABILITATION SERVICES

South Africa is one of the countries in the world that ratified the UN Convention on the Rights of Persons with Disabilities which addresses the rights of persons living with disabilities (PLWD) to access information, transport, and health care.

The government of the Eastern Cape province is committed to supporting people living with disabilities and ensuring equitable access to health and care services in the province. The province has an estimated 7% of the population living with disabilities.

We continue to give dignity and independence to people living with disabilities through the **provision of assistive devices** which include wheelchairs, hearing aids and prostheses. These devices enable PLWD to access other public services such as opportunities to education and economic contribution.

I am very proud to announce that **Mr. Macethandile Kulati, an International Bodybuilding and Fitness Federation World champion**, from the EC Province (Uitenhage), is one of our beneficiaries of our wheelchair assistance programme (Rehabilitation Services). He will **participate in the International Disability Body Building Olympic Games, to defend his title in Koper Slovenia in October this year**. We wish him success.

In terms of issuing of assistive devices, **one thousand one hundred and seventy-one (1 171) wheelchairs** have been issued to **adults** and **two hundred and sixty-seven (267) wheelchairs** have been issued to children under the age of 18 years.

Hearing aids have been issued to **one thousand one hundred and fifteen (1 115) patients** around the province. In the next financial year, a target has been set to issue **three thousand three hundred and twenty (3 320) wheelchairs** and **one thousand two hundred (1200) hearing aid devices** to eligible patients. A total budget of **nineteen million eight hundred thousand rand (R19,8 million)** has been allocated to the rehabilitation programme.

The provision of **comprehensive care for children with cerebral palsy** remains a priority intervention of the Department, and also forms part of the medico-legal mitigation strategy. The programme continues to **build capacity at various institutions** to provide care and treatment to children with cerebral palsy.

The province is currently providing services to about **two thousand eight hundred and twelve (2 812) children with cerebral palsy** at **forty-three (43) health facilities**. The Department of health continues to **establish partnerships** with various organisations to expand services to children with cerebral palsy.

Over the medium term, the programme will invest resources to ensure that appropriate equipment, skilled staffing, and suitable infrastructure is available for the management of cerebral palsy. A multi-disciplinary team of clinicians and rehabilitation professionals will be available at selected facilities to provide a higher level of care to patients.

## HEALTH SYSTEM STRENGTHENING

### INVESTMENT IN HUMAN RESOURCES FOR HEALTH

Human resources for health consume a substantial share of healthcare resources and determine the efficiency and overall performance of health systems. Several efforts have been made globally to strengthen the health workforce (HWF); however, significant challenges still persist especially in the African Region.

Honourable Speaker, RENEWED, READY, AND CAPABLE is a statement backed up by our effort to increase our human resource capacity (through recruitment) and our capability (through training and development) across all staff categories.

Of the 2022/23 annual adjusted budget of around **twenty-eight billion four hundred million rand (R28,4 billion)**, just under **eighteen billion five hundred million rand (R18,5 billion)** (65%) was allocated for Compensation of Employees. An amount of seven hundred and ten million rand (**R710 million**) was ring-fenced for the appointment of critical posts.

Hon Speaker, the Department's approved Annual Recruitment Plan for 2022/23 comprised of **two thousand nine hundred and forty-one (2 941) posts**. Of the 2 941 to be filled, **one thousand nine hundred and thirty-eight (1 938)** posts have already been appointed.

In total, **thirteen thousand two hundred and four (13 204)** appointments have been made in this financial year. This total includes both ARP and replacement posts (APL), and the annual intake of medical Interns and community service health professionals.



The 13 204 appointments made are with respect to the appointment of three hundred and ninety-one **(391) Medical Officers**; two thousand six hundred and forty-four **(2 644) Nurses**; two hundred and seventy-four **(274) Medical Interns**; one thousand one hundred and eighteen **(1 118) Community Service Health Professionals**; three hundred and sixty-one **(361) Supervisory, Management and Leadership**; and eight thousand four hundred and sixteen **(8 416) Other Support Staff**.

This is an improvement from the 2021/22 FY where the Department appointed **eight thousand eight hundred and twenty (8828)** employees in the last period. In the same year, the Department appointed **two thousand nine hundred forty-nine (2949) COVID-19 Contract workers** to assist to reduce the surge of COVID 19 as well as to assist in the vaccination rollout in the province.

To improve leadership and governance, the Department is recruiting two Deputy Director General Clinical positions plus seven CEOs for hospitals and Directors in HR and corporate services, infrastructure and finance.

The Skills Development Programme is planning to implement a range of capacity development programmes for the existing workforce. Bursaries for existing workforce to obtain qualifications and specialist clinical skills. The Department has ring-fenced funding to employ all its one hundred and forty-five (145) bursary holders, post-community service, in addition to filling critical posts for doctors, nurses, clinical support and administrative posts.

The Department will implement **youth skills development programmes** to create a pool of qualified individuals from which the Department can recruit. These include the **Learnerships**,

**internships, traineeships** programmes and bursaries for unemployed youth.

The Department is striving to maintain 50/50 % target for Women and Men at SMS level, presently the Department has a total of 82 SMS officials, of which 39 are female (47,6%) and 43 are male (at 52.4%). Due to natural attrition the percentage of females has dropped, and the Department will address the underrepresentation through the advertised posts in the 2023/24 FY.

There is, however, room to improve on our employment of people living with disabilities, in that regard, against a Departmental target of 2%, we currently are at 0.23%.

## EASTERN CAPE COLLEGE OF EMERGENCY MEDICINE

The EC College of Emergency Care (ECCOEC) will not attain individual accreditation for the Diploma program in Emergency Medical Care during the 2023 academic year. There is a plan to allow staff to study on full time bursaries at accredited institutions towards the Diploma in Emergency Care. For the Emergency Medical Care Degree programme, the Department has an agreement in place that Nelson Mandela University will allow EMS staff members onto the Bachelor of Emergency Medical Care (BEMC) program provided that they meet the entry requirements for the programs.

## LILITHA COLLEGE OF NURSING

Honourable Members, after a three-year lull, Lilitha's first class of the newly accredited 3-Year Nursing Diploma commenced from 6<sup>th</sup> March 2023. This class consists of **two hundred and ninety-two (292)** students overall, spread across the college's main campuses of Lusikisiki, Mthatha, Queenstown, East London and Gqeberha.



Whilst the numbers are small when compared to the reduced supply that comes from the absence of training for this programme since 2020, the college will apply for more accredited training posts beyond this inaugural phase of the 2023 Class.

After several years of irresolution, recent engagements - between Council for Higher Education (CHE), South African Nursing Council (SANC), National Department of Health, and the Committee of College Principals – agreement has been reached to grant a special concession allowing nurses with legacy qualifications i.e. 4 Year Diploma and Bridging Course – to directly access the Post Graduate Diplomas in Nursing and the Diploma in Advanced Midwifery, respectively.

The significance of this development is that the **critical mass so desperately needed** of specialty nurses like ICU, Orthopaedics, Psychiatry, Primary Health-Care, Oncology, and so on– can be produced from the cohort of nurses qualified with legacy programmes.

The college has conducted a successful graduation in 2022/23 with a total of **five hundred and thirty-seven (537)** graduates from the basic and post basic nurse training programmes.

## SERVICE DELIVERY OPTIMIZATION

The service delivery optimization (SDO) pillar aims to deal with structural inefficiencies and optimally utilize existing infrastructure and human resource capabilities in a district. The Department commenced the process of reviewing and aligning its service delivery model to the NHI and District Development Model (DDM). The Departmental task team (organised labour with management,

supported by the OTP and DPSA experts), has kicked off the service delivery review and realignment to the NHI and DDM.

The SDO will improve organizational performance and will ensure prudent use of scarce resources. It is an exercise that will also promote policy alignment.

## DIGITALISATION AND e-HEALTH

The Department of Health is in the process of **aligning its enterprise architecture** to the National Department **e-Health strategy**. This will set in motion the development and implementation of various e-Health initiatives across all levels of care that will **seamlessly interface with the National Department of Health e-Health systems** and strategy to enable systems interoperability.

e-Health should give the Department qualitative and timeous health information to assist health care facilities in improving quality patient care. It should as well enable health care access to the most remote of areas of our province through tele-medicine, and collaboration with specialists. Information Communication Technology (ICT) plays a vital role as an e-Health enabler.

## DISASTER MANAGEMENT

An **Internal Disaster Management Committee** was established and has been monitoring the flood situation in the province. The **EMS preparedness for the festive season** saw the **placement of EMS vehicles at strategic points on the arterial routes**, so that EMS could respond appropriately to accidents. The **Department has a representative** that forms part of the Provincial **Disaster Management Centre with COGTA**, playing the lead role in the



management of disasters in the province. The Department has a disaster preparedness plan in case of disaster.

## MITIGATING THE IMPACT OF LOAD-SHEDDING ON HEALTH FACILITIES

Madam Speaker, load-shedding has created difficulties for the Department of Health, especially when it was escalated to stage 6. This current financial year, we have spent **sixty-eight thousand eight hundred and forty four million rand (R68.844-million)** on diesel so far compared to **thirty-six million three hundred and seventy-four thousand rand (R36.374-million)** we spent on diesel during the 2021/22 financial year. An amount of **fourty two million rand (R42million)** in 2023/24 has been allocated for the carry through costs of diesel that was provided in the adjustment budget.

Honourable Members, we have been proactive and engaged some municipalities to **exempt our facilities from load-shedding**. The Department has already started negotiations with relevant stakeholders to find ways to mitigate the impacts of load-shedding. Amongst the interventions, will be the installation of roof top solar systems at various facilities across the province, use of energy saving and planning techniques and procurement and replacement of obsolete generators starting with district hospitals. The recent declaration of energy crisis as a disaster will enable the Department make use of 2% Infrastructure budget for this purpose.

## EX-MINEWORKERS INTERVENTION PROGRAM

The Eastern Cape accounts for a total of 31% ex mineworkers across the country and is still a high labour sending province to the mines. Our role as the Department of Health is to provide treatment for



occupational related illnesses mostly lung diseases e.g. silicosis and TB, suffered by Ex-Mineworkers. Screening services are provided in our health centres for diagnostic, treatment and rehabilitative services. Other partners in the programme ensure that the ex-mineworker and/or their families are able to tap into the benefits that are owed to them by the Compensation fund.

A proof-of-concept exercise has been completed at **St Elizabeth's Hospital** in Lusikisiki and **Frere Hospital** in East London, for the **entire business process of tracking patient records of ex-mineworkers** who had been treated at EC health facilities.

Since the programme was kick-started from 2017 onwards, claims to the value of **seven hundred million (R700m)** has been disbursed to **ex-mineworkers of the Eastern Cape**. This has likely transformed the lives of the beneficiaries and their families.

## BUDGET ALLOCATIONS IN 2023/24

The Department has a budget allocation of twenty-eight billion one hundred and thirty-nine million three hundred and thirty-three thousand rand (**R28 139 339 000**) in 2023/24. Twenty-three billion and eighteen million one hundred and ninety-five thousand rand (**R23 018 195 000**) is allocated to **direct service provision** at the **clinics, community health centres and hospitals**.

Eighty-two percent (**82%**) of the total budget is spent on **direct patient health and care**.



	Medium-term estimates		
Administration	798 917	883 000	926 618
District Health Services	14 188 408	15 081 608	15 598 348
Emergency Medical Services	1 507 673	1 563 509	1 635 539
Provincial Hospital Services	3 886 714	4 056 842	4 302 756
Central Hospital Services	4 943 073	5 017 853	5 377 246
Health Sciences and Training	1 245 542	1 035 217	1 081 588
Health Care Support Services	175 171	175 598	136 463
Health Facilities Management	1 393 841	1 465 226	1 512 632
<b>Total</b>	<b>28 139 339</b>	<b>29 278 853</b>	<b>30 571 190</b>

The Department will spend nineteen billion and twenty-two million four hundred and fifteen thousand rand (**R19 022 415 000**) of the total budget on **Compensation of Employees (COE)**. This sixty-eight percent (**68%**) of the total budget allocation.

An amount of seven billion four hundred million six hundred and fifty-seven thousand rand (**R7 402 657 000**) is allocated to procure **Goods and Services**. This is twenty-six percent (**26%**) of the total budget.

<b>Current payments</b>	<b>26 425 072</b>	<b>27 601 572</b>	<b>28 706 496</b>
Compensation of employees	19 022 415	19 653 907	20 296 787
Goods and services	7 402 657	7 947 665	8 409 708
<b>Transfers and subsidies</b>	<b>350 569</b>	<b>311 129</b>	<b>337 028</b>
<b>Payments for capital assets</b>	<b>1 363 698</b>	<b>1 366 152</b>	<b>1 527 666</b>
<b>Total economic classification</b>	<b>28 139 339</b>	<b>29 278 853</b>	<b>30 571 190</b>

## CONCLUSION

In conclusion, Madam Speaker, we appreciate our partners:

The SA Council for the Blind, Dr Viwe Nogaga Foundation, Operation Smile, The Smile Foundation, The Church of Jesus Christ of Latter-Day Saints, PEPFAR through CDC and USAID, our Medical Universities, Gift of The Givers, Harmony Gold, SAMANCOR Holdings, CHAI, Beyond Zero, Right To Care, Aurum, all other NGOs, ECAC, our sister Departments, Traditional and Religious leaders, partners in business, civil society, other government Departments for the support they continue to provide to health and care services in the Eastern Cape.

I would like to also express a word of gratitude to our Premier and the Cabinet, and Portfolio Committee on Health, under the leadership of the Chairperson, for the continued leadership and support to our Department.

I also want to appreciate the management, organised labour and employees in our Department for their sterling efforts, sometimes under difficult conditions, in the pursuit of a better life for all.

To the HOD, DDGs, SOP and my Private Office, I appreciate their contributions to the preparation of the budget and policy speech.

Madam Speaker, presenting the budget and policy speech of the Department in the Human Rights month affirms words by the father of our democracy, President Nelson Rholihlahla Mandela when he said: "Health cannot be a question of income; it is a fundamental human right".



The past year has been a whirlwind as we renewed our focus and reset our programmes to adapt to a world, post COVID.

We have, together, commenced the huge, but not insurmountable, task of rebuilding the health and care system of the Eastern Cape.

As we begin 2023/24, we are RENEWED, READY AND CAPABLE to take decisive Action to Advance the People's Health Interests

Honourable Members, I hereby table the Eastern Cape Department of Health's Budget and Policy Speech, Annual Performance Plan and Operational Plan for the 2023/24 Financial Year.

I THANK YOU







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HEALTH

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