

DEPARTMENT OF HEALTH BUDGET & POLICY SPEECH 2016/17



Honourable Speaker;
Honourable Deputy Speaker;
Honourable Premier;
Honourable Members of the Executive Council;
Honourable Members of the Provincial Legislature;
Chief Whip of the Ruling Party;
Leadership of the African National Congress (ANC) and its Alliance Partners;
Leaders of other Political Organizations represented in this House;
Chairperson of the African National Congress Standing Committee on Health;
Members of the Eastern Cape House of Traditional Leaders and Traditional Authorities;
Ministers of Religion;
Superintendent General of the Department;
Deputy Director Generals and Departmental Officials;
CEOs of our Hospitals;
District Managers;
Principal and Council Members of Lilitha College of Nursing;
Hospital and Clinic Boards;
Lilitha College Management and Students;
Traditional Health Practitioners;
Eastern Cape Aids Council;
NGO and Social Partners;
Departmental Stakeholders;
Distinguished Guests; and
Ladies and Gentlemen;

Mandibulise kuye wonke umntu ozimase lentlangano yanamhlanje ngegama likaYesu Kristu iNkosi Yethu,

Madam Speaker, I am privileged for the opportunity to address this distinguished House of the Eastern Cape Provincial Legislature. I also want to welcome the citizens of our Province who have graced the occasion of the tabling of the Eastern Cape Department of Health's 2016/17 Budget Vote of R20.244 billion (twenty billion, two hundred and forty-four million rands); an allocation which is aimed at achieving universal access to quality health service for the people of the Eastern Cape.

Madam Speaker, before I commence with the business of the day, allow me to join the International Tuberculosis (TB) Community in congratulating our Honourable Minister for Health, Dr Aaron Motsoaledi for receiving the USAID-TB International Award in recognition of his leadership in the global fight against TB.

It is indeed befitting Madam Speaker that I express my sincere gratitude to the Honourable Premier and my colleague in the Provincial Treasury for the considerable allocation they continued to apportion to our Department over the past three (3) financial years, despite the tough economic climate.

Indeed Honourable Members, the Province is not spared from the tough economic times, however we are privileged that the Provincial leadership continues to prioritise Health and Education in the provincial budget allocation. I am also very proud that Health has been pro-active in responding to the call by Government for radical enforcement of austerity measures. As early as September 2015, the Department had instituted various austerity measures including establishing Provincial and District Cost Containment Committees whose responsibility has been to manage departmental expenditure and commitments and re-directing spending from non-core items in favour of non-negotiables.

Honourable Members, the Department affirms that non-negotiables are the engine of the public health care service and that our professionals must always have the necessary resources to administer proper healthcare to our patients.

Oku sikwenzayo kuzinzame zokuqinisekisa ukuba amayeza asoloko ekhona kumaziko ezempilo ngalo lonke ixesha, nokuthi abantu bakuthi bafumana iinkonzo ngokupheleleyo.

SERVICE DELIVERY RELATED ACHIEVEMENTS

To give effect to government's key priorities as outlined in the ANC's Election Manifesto and Provincial Medium Term Strategic Framework, the Premier entered into Service Delivery Agreements (SDAs) with the respective MECs. I am proud that the Department has recorded commendable progress in achieving its targets in the 2015/16 SDA.

Training of health professionals

The Department recognises that skilled health professionals are central to the provision of quality healthcare services. Although the Department could not afford to issue new bursaries in 2015/16 financial year, we managed to fulfil our commitment to fully fund the 1 289 continuing bursary holders across various clinical disciplines. 988 of these bursary holders are based in South African universities while 301 are medical students studying in Cuba.

Also a total of 919 students were admitted to the Lilitha Nursing College during the June 2015 and February 2016 intake sessions. During the December 2015 examinations, the College achieved a 98% pass rate for its 4th year students.

20 Intermediate Life Support (ILS) practitioners also graduated during the year under review, whilst the Department also provided training for 124 Intermediate Life Support (ILS) and 25 Advanced Life Support (ALS) students at the EMS College, Cape Peninsula University of Technology (CPUT) and Nelson Mandela Metropolitan University (NMMU). This initiative is a targeted response to the scarce skills in the Emergency Medical Services (EMS) and these students will be retained by the Department on completion of their training.

A total of 54 Registrars were appointed to undergo medical specialist training.

Increasing Life Expectancy

Madam Speaker, TB and HIV remain the leading causes of mortality in the Province, at 9.8% and 5.4% respectively, while non-communicable diseases like heart diseases; cerebrovascular diseases; diabetes mellitus; chronic lower respiratory disease; and hypertension jointly account for 20.8% of mortality cases. Notwithstanding, the Department has registered commendable progress in its fight against HIV/AIDS and TB.

Through formal collaborations with the Eastern Cape AIDS Council (ECAC) and various Non-Governmental Organizations (NGOs) we have managed to scale up interventions related to HIV; STIs and TB programmes through more focused awareness campaigns; destigmatisation programmes and improved TB and HIV outcomes.

Madam Speaker, at the end of the third quarter of 2015/16, our TB Treatment success rate stood at 82.6% as against an annual target of 82%. This over achievement was due to strengthened district support visits and data mop-up processes especially in the challenged districts of Nelson Mandela Bay and Buffalo City Metros. The Department also increased its drive to promote adherence to treatment.

A total of 486 Multi-Drug Resistant TB (MDR-TB) patients have been introduced to the two new drugs in the MDR TB regimen, Bedaquiline and Linezolid. More patients are targeted for initiation in 2016/17 financial year in order to reduce drug resistant TB mortality.

Through our partnership with ECAC, we are integrating TB in the workplace. This strategy will assist to reduce the number of patients that are lost-to-follow-up, as workers will not be expected to leave work and go to health facilities for treatment. The Department is also using GeneXpert Alerts from NHLS to identify resistant patients.

Isikhokelo sikaGqirha Aaron Motsoaledi kumba weTB siyancomeka kakhulu, yaye ifuthe laso liyabonakala kwiziphumo zethu nathi lweli lethu iPhondo.

Madam Speaker, we are observing positive gains in our HIV Counseling and Testing (HCT) programme. At the end of December 2015, a total of 1 181 million or 91% of the annual targeted clients were tested on the HCT program. We are therefore well on track to achieve our target of testing 1.3 million clients by year end. Patients remaining on Anti-Retroviral Treatment (ART) at end of December 2015 amounted to 348 513 as against the annual target of 355 531.

To reduce the rate of mother to child transmission of HIV, 94.3% of pregnant mothers were initiated on ART as against the annual target of 90% and this was achieved through programmes that encouraged pregnant mothers to test early in order to be initiated on treatment timeously. As a result of this, from a total number of 15 054 babies exposed to HIV at the end of December 2015, only 254 or 1.7% tested positive for HIV.

The introduction of scented condoms significantly contributed to the distribution of male condoms. We have recorded a remarkable distribution of 85 527 condoms equivalent to 60 condoms per male client in 2015/16, up from 50 condoms per male client in 2014/15.

Madam Speaker, I am pleased to report that our Province is doing well in implementing key provincial and national strategies aimed at reducing maternal & child mortality. To this effect, we have prioritised the appointment of District Clinical Specialist Teams (DCSTs) for all our districts. These teams focus on clinical governance which entails teaching and training and mentorship of health professionals especially in Primary Health Care (PHC), as well as ensuring that facilities are fully equipped to manage pregnant women and children. They are also responsible for coaching and mentoring the health professionals.

Other key approaches that have yielded positive maternal and child health outcomes include:

- Making use of Mom-connect, a programme aimed at capacitating expectant mothers and improves communication between nurses and pregnant women;
- Working in collaboration with the United Nations Population Fund (UNFPA) and UNICEF in developing Standard Operating Procedures for upward and downward referral of pregnant women; as well as the appointment of a Neonatal Nurse Co-ordinator to capacitate doctors and nurses in neonatal units as well as training them to helping babies with breathing;
- Capacitation of midwives on maternal issues and upskilling of midwives and doctors on Emergency Steps on the Management of Obstetric Emergencies (ESMOE);
- Making use of the Ward Based Outreach Team (WBOT) programme to intensify immunisation campaign; and
- Opening of a fully equipped Neonatal unit at Butterworth Hospital to strengthen neonatal care; increased the number of Maternity onsite ambulances in facilities from 36 to 63; and established two human milk banks Mthatha General and Frontier Hospitals.

Through these intervention programmes Honourable Members, the Department has managed to reduce maternal mortality from 174 deaths per 1000 in 2014 to 112 deaths per 1000 in 2015; increased its immunisation coverage; and decreased diarrhoea deaths in children under the age of five (5) years from 56% in 2014/2015 to 51% in 2015/2016.

Implementation of National Health Insurance (NHI)

Madam Speaker, the NHI is a transformation health policy which will ensure that the people of the Eastern Cape have access to universal health care services. Minister Motsoaledi has recently released the NHI White Paper to further give guidance and unpack NHI implementation in South Africa, going forward.

Honourable Members, in his State of the Province Address, Premier Masualle alluded to our progress in relation to implementation of the NHI in the OR Tambo pilot district. We are indeed making headway in advancing re-engineering of Primary Health Care.

As previously reported to this House Honourable Members, all necessary ground work to prepare the district for NHI has been done, focusing on the NHI pillars of establishing functional WBOTs; Integrated School Health Programme (ISHP); contracting of General Practitioners (GPs); appointment of District Clinical Specialist Teams (DCSTs); and provision of quality health infrastructure.

Madam Speaker, last year we promised to relieve chronic patients from the unnecessary responsibility of collecting medication from our facilities by introducing a direct delivery service to our patients. We have lived up to this promise and introduced the Central Chronic Medication Distribution and Delivery (CCMDD) programme which ensures that patients get their medication close to their homes. Where this is not yet possible, patients still temporarily receive their medication from the clinics but without consultation with clinicians. These chronic stable patients are given repeat scripts for six months.

The programme is currently focusing on Fixed Dose Combination drug for HIV positive patients, asthma and COAD; hypertension, non-insulin dependent diabetes mellitus and epilepsy. A total of 38 242 patients from 99 clinics out of the 144 clinics in the OR Tambo district are beneficiaries of this service.

So far, 10 Pick-Up Points (PUPs) outside the clinics have been identified for this purpose. In 2016/17, we will also be persuading PHC patients who are in the hospital Out Patient Departments (OPDs) to enrol in the programme.

Plans to expand the Nelson Mandela Academic Hospital as a regional training platform are succeeding. A total of 55 specialists and 54 registrars were appointed during 2015/16 financial year. The specialists were sourced through Joint Staff Establishment agreement with Walter Sisulu University (WSU). For its part, the university is building a Health Sciences faculty next to the Academic Hospital in order to complete the academic complex.

Through our partnership with the National Department of Health and Development Bank of Southern Africa (DBSA), we have managed to provide additional consulting rooms in 23 clinics in the OR Tambo NHI district.

Honourable Members, the OR Tambo NHI pilot site has served as a learning platform for the Department and as such we are proceeding with plans to implement best practices from it to the Alfred Nzo pilot site.

The Business Plan to establish Alfred Nzo provincial NHI pilot site has been approved and was implemented in the 2015/16 financial year. The department allocated R7 million towards the implementation of NHI readiness in the district. Progress made in the Alfred Nzo pilot site include:

- Consultations with stakeholders in the five (5) local municipalities, including Hospital Board members;
- Training of Operational Managers on the Ideal Clinic and appointment of District Permanent Perfect Ideal Clinic Realization & Maintenance Team (PPTICRM);
- Appointment of Chief Executive Officers (CEOs) at Greenville and Mt Ayliff hospitals as part of strengthening leadership & management;
- Carpentry, plumbing, painting, water supply, restorations done in Amadiba, Greenville, Baleni, Makhwantini, Ndela, Hlamandana, Queens Mercy, Magadla clinics;
- Repairs to borehole were made in Makhwantini, Hlamandana & Ndela clinics; and
- Clinical capacity was strengthened through the appointment of sessional doctors for Madzikane KaZulu; Taylor Bequest; St Patricks and Siphethu Hospitals, as well as a pharmacist and pharmacist assistant for Khotsong Hospital and Ntabankulu CHC respectively.

Expansion of the Re-engineering of Primary Health Care Services

Notwithstanding the prevailing fiscal constraints, the Department prioritised appointment of 20 new WBOTs for allocation in the 2 NHI pilot sites by 31 March 2016. The department has completed the identification of 20 Enrolled Nurses to be trained on WBOT programme and who will be appointed as team leaders. From the existing pool of community health workers, the Department will then allocate members to the new WBOTs.

Provision of health infrastructure and services

Madam Speaker, adequate health infrastructure is vital in the provision of quality health care services. The Department in 2015/16 continued with its strategic decision to focus more on renovating & revamping existing facilities as well as completion of current projects as opposed to building of outright new structures.

To this effect, we are on track with the completion of 17 new clinics, six of which are in Chris Hani and 11 are in OR Tambo district. The Frontier Hospital casualty unit and Paediatrics and Outpatient Departments OPD are practically completed and will be commissioned in 2016/17.

Phase 1 of the Cecilia Makiwane Hospital (CMH) flagship project is at practical completion and the site was officially handed over to Honourable Premier Masualle on the 04 February 2016. Phase 2 of the commissioning process for this 530 bed facility which includes fitting and testing of equipment; training of staff and physical migration to the new hospital will be finalized in the latter part of 2016/17. We are indeed proud of the state of the art hospital that we will be delivering to the people of the Eastern Cape.

Nkqubela TB Hospital received a R14 million upgrade in 2015/16 which brought an additional 320 single bed facility meant for Multi Drug Resistant TB; Extremely Drug Resistant TB and Drug susceptible TB patients. This investment has made it possible to integrate TB patients from Fort Grey TB Hospital to the new facility and to ensure that all drug resistant patients within the Buffalo City catchment area receive equal high level of care offered in this new facility.

Renovations were also effected at the Mthatha Regional Hospital with new equipment and a neonatal unit commissioned for use.

During 2015/16, the Department replaced and distributed 75 mobile clinics throughout the Province, and the remaining 10 are still being branded and will be released to the department before the end of the first quarter of 2016/17. The allocation of these mobile clinics has focused on the most rural and disadvantaged areas of our Province, to ensure increased access to health care services.

Honourable Members, good progress has also been made on the 80 clinics identified for the Ideal Clinic Realization and Maintenance (ICRM) Programme. We are proud of Gura Clinic in Mhlonhlo in the OR Tambo District, which has recorded commendable progress on all characteristics of an ideal clinic and achieved a score of over 70% from the Office of Health Standards Compliance (OHSC).

The latest report by the OHSC also showed good progress at the Holy Cross Hospital which achieved an overall score of 60% as against the previous score of 43% in the initial assessment of the facility. Minister Aaron Motsoaledi has consequently acknowledged and commended this effort by our Department.

Madam Speaker, 2015/16 year was a year when our financial management and discipline was put to a real test. For almost 9 months of the year, the Department was under severe budget pressure and was projecting significant over expenditure. Through the introduction and strict implementation of austerity measures, the Department managed to contain its budget pressure without compromising critical health care services to our people. There were focused reductions in travel and accommodation expenditure; introduction of efficiencies in medicine and medical supplies inventory management; as well as strengthening clinical protocols around laboratory and blood services.

Through use of the planned procurement strategy, the Department managed to procure six digital x-ray machines for Lady Grey; Jansenville; Maclear; Cathcart; Sipethu; and Sundays River Hospitals. Furthermore, the Department also awarded provincial term contracts for some highly specialised medical equipment including 128 slice CT scanners, Gamma camera and C-arm.

Honourable Speaker, our department continues to maintain a zero tolerance against fraud and corruption. For the 2015/16 year all cases referred to the department for investigation were captured and recorded in the fraud register and were adequately investigated using our panel of forensic investigators. A total of 14 out of 59 cases were finalised during the year under review, and 2 of these were referred to the South African Police Service (SAPS) for follow up. Regular feedback on these cases is provided to the Office of the Premier during quarterly case review meetings.

The department has also strengthened its ability to implement recommendations of completed investigations and these are followed up by the Labour Relations Unit at Head Office.

Honourable members, we also focused on governance and compliance under the direction of the Audit Committee and Risk Committee. These committees met as scheduled and exercised adequate oversight and support towards the achievement of the department's objectives.

2016/17 SERVICE DELIVERY PRIORITIES

Madam Speaker, for 2016/17 we have allocated R 9. 968 billion to our core service delivery programme, District Health Services in order to prioritise amongst others the following:

- Appointment of 289 Operational Managers in all Primary Health Care facilities;
- Implementation of the second phase of the Human Pappiloma Virus (HPV) vaccine to all grade four learners;
- Strengthening of Integrated School Health Programme and Ward Based Outreach Teams in the municipal wards; and
- Fast-tracking and strengthening implementation of the Ideal Clinic Realization and Maintenance (ICRM) in all 241 identified clinics.

For the 2016/17 financial year, the HIV and TB grant has been allocated R1.755 billion to drive the Department's major HIV and TB campaigns; implement programmes and projects that will lessen the burden as a result of these ailments and ultimately rid the Province of these diseases. These campaigns include but are not limited to the following:

- Implementation of the 90 90 90 HIV and TB Implementation Strategy which will ensure that, 90% of all patients visiting our health facilities are counseled and tested for HIV; achieve 90% TB screening using GeneXpert; initiate 90% of patients tested positive on ART; ensure that 90% of patients started on ART adhere to treatment; and 90% of all clients on treatment are virally suppressed. Accordingly, we will be increasing the number of people tested for HIV to 1 453 million and increase the number of patients remaining on ART to 473 089 in 2016/17; as well as
- Various other strategies to reduce the rate of TB patients lost to follow up to 7.2%.

Emergency Medical Services (EMS) will receive R 1 120 billion for the provision of timely EMS services to the population of the Province. Also provided for in the allocation, is the procurement of 141, 4x4 ambulances to ease accessibility and improve response times in rural areas. We will also continue with our strategy to train internal staff for ILSs and ALSs positions in a bid to counter the scarcity of these skills in the market.

Honourable Members, as part of our infrastructure delivery programme in the 2016/17 year, the Department will also be focusing on a very important programme of providing accommodation for health professionals and we will be targeting rural and far flung areas of the Province. In this regard, we have allocated R93.5 million to provide much needed accommodation at Taylor Bequest, Knessie Knight, All Saints, Lilitha College - Mthatha (Tall building), Mjanyana and Madwaleni hospitals. We believe that this intervention will go a long way in attracting and retaining health professionals in these rural areas.

Honourable Speaker, we are on track to deliver our new departmental organogram which is responsive to our current service delivery needs. The proposed organogram has been developed and is undergoing various consultations internally to allow for a transparent conclusion and implementation thereof. Thereafter, it will be submitted to the Office of the Premier and the Minister for Public Service and Administration for support before implementation by 01 August 2016.

We are aligning this organogram finalization process with the Department's overall re-organization plan which is aimed at creating a lean Head Office and support well-resourced Districts. Our intention is to ensure that we have more resources closer to the patient as well as at district level, for a strengthened front line service.

Honourable Members, notwithstanding the austerity measures that the department is implementing, even on Compensation of Employees (CoE), the Department has always prioritized appointment of medical professionals and critical staff so as to ensure uninterrupted delivery of critical services to our people. These groups are hence not affected by the moratorium enforced by the Department on new appointments, and this will continue in 2016/17 as well.

Our Shared Contact Centre continues to receive admirable accolades from the National Department of Health; Office of the Presidency and Office of the Premier, and is drawing the interest of other Departments for benchmarking. This has resulted in our Shared Contact Centre serving as an incubation hub for Provincial Departments in order to share and replicate best practices on contact Centre technical and operations management.

So far the Centre has incubated and trained Call Centre agents from the Department of Social Development and Special Programmes, while Department of Education and the Office of the Premier have also demonstrated keen interest for training of their agents and this will continue to be pursued in the 2016/17 year.

Madam Speaker, we will strengthen our collaboration with development partners. We have partnered with the Government Employees Medical Scheme (GEMS) to assist with building and improving our capacity and services such as implementation of CCMDD; provision of EMS customer care and training EMS response time, as well as improving the revenue stream collection, targeting medical aid schemes. In 2016/17 financial year, we expect to see fruition of this partnership and roll out of the targeted programmes.

Working with the Eastern Cape Socio Economic Consultative Council (ECSECC), we will improve our ICT infrastructure, towards the goal of 100% connectivity of all our institutions by 2019, through use of broadband. The department's broadband plans are in line with the vision of creating a smart and modernized Department. Key other projects that will be enhanced through this broadband project include rolling-out of M-health; patient electronic registration system which is being piloted in Cecilia Makiwane; and management and improvement of waiting times in facilities.

Somlomo Obekekileyo, nangona iSebe leZempilo lisenza zonke iinzame zokuphucula unikezelo-nkonzo ukuze zibe kumgangatho ophucukileyo nokuphuhlisa impilo yoluntu lonke, kukho umceli mngeni omkhulu esikwajongene nawo, umkhuba ozama ukudodobalisela phantsi zonke ezinzame, iiMedico Legal Claims. Sifumanisile Somlomo ukuba kukho abantu abanobuqhophololo obukhulu kulombandela njengoko sithe saziswa ukuba kukho amagqwetha asebenzisa abasebenzi bethu ukuba bebe iinkcukacha zezigulane ngeendlela ezigwenxa, bebathembisa ngekati esengxoweni.

Honourable Members these litigations impede service delivery and hence we are committed to significantly reduce these claims. The Department has appointed a Health Ombudsman who will play a proactive role in managing adverse events from resulting into litigations. Furthermore, before end of April 2016, we will be awarding a tender for a panel of medico legal experts who will provide expert advise in the defence of those cases that end up in court.

Concurrently, we are strengthening our targeted interventions at the following 4 priority hospitals: Dora Nginza; St Elizabeth; Mthatha General and Butterworth hospitals. In the 2016/17 financial year, we are committing resources to put patient safety measures, which include continuous monitoring of risky pregnancies; provision of training to doctors to better manage emergencies using ESMOE programme; training midwives to attend and deliver risky pregnancies; and documenting and archiving of our records to make sure that we are able to provide good quality information for management and medico legal purposes.

Honourable Members, we will also continue to strengthen our financial and internal control systems in our bid to achieve an unqualified audit opinion from the Office of the Auditor General.

2016/17 BUDGET AND PROGRAMME ALLOCATION

Madam Speaker, allow me to table the 2016/17 budget appropriation for the Eastern Cape Department of Health. As the Department, we have been allocated R20 244 million (Twenty billion, two hundred and forty-four million rand). The breakdown is tabulated per programme and economic classification level respectively in the 2 tables below:

PROGRAMMES	ALLOCATION
1. Administration	674,962
2. District Health Services	9,968,415
3. Emergency Medical Services	1,120,995
4. Provincial Hospitals Services	3,320,324
5. Central Hospital Services	2,838,790
6. Health Sciences & Training	799,467
7. Health Care Support Services	118,609
8. Health Facilities Management	1,402,776
Total	20,244,338

ECONOMIC CLASSIFICATION	ALLOCATION
Compensation of employees	13,511,327
Goods and services	5,032,467
Transfers and subsidies	307,313
Payments for capital assets	1,393,232
Total	20,244,338

CONCLUSION

Honourable Speaker, the escalating burden of diseases, especially as a result of non-communicable diseases such as diabetes; obesity and high blood pressure, requires us to do more in strengthening our advocacy campaigns for healthy living. These non-communicable diseases take a sizeable amount of the budget which could be used to address other pressing health care needs.

The life choices that we make and our behaviours do not encourage active and healthy living, and once more, I appeal to our people to make good choices about their lives, and consciously choose to live healthy lives.

Madam Speaker, our Province was equally hit hard by drought, resulting in our facilities in districts like Joe Gqabi and Cacadu being severely affected by water shortages. To mitigate future experiences of this nature, we are planning to engage municipalities to prioritise water issues in their IDPs in order to avoid exposure of our patients to such harmful conditions.

Honourable Members, all the successes that I have mentioned and plans for the year ahead would not be possible without support from our sister Departments and our Social and Development partners. I want to sincerely thank every partner who has worked with us during the 2015/16 financial year and those willing to continue with this great course going forward as we jointly increase the impact of service delivery in our communities.

Mandicaphule nam kwelabadala Somlomo ndithi ubunye ngamandla, xa sibambisene inene senza lukhulu.

Once more, I wish to thank the Provincial Treasury for their considerate budget allocation for the 2016/17 financial year.

I wish to also thank the Portfolio Committee on Health under the leadership of Honourable Dimaza for their fruitful engagement with the department in 2015/16 and I look forward to an even more fruitful 2016/17, where together we will play our respective roles towards achieving quality healthcare for the people of our Province.

Honourable Members, without the steadfast commitment from the Department's employees it would not have been possible to attain these positive achievements. Through dedication and support from the Superintendent General; the Executive Management Team; Senior Management and the entire workforce of the Department, we have managed to conquer against all odds.

We will continue with our fiscal discipline and build on the gains we made in 2015/16 year as we continue to provide quality health services even in these trying economic times.

Lastly Madam Speaker, allow me to table the 2016/17 Budget and Policy Speech for the Eastern Cape Department of Health; the 2016/17-2018/19 Annual Performance Plan; and the 2016/17 Operational Plan.

Enkosi Somlomo Obekekileyo.



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