

## **2020/21 BUDGET AND POLICY SPEECH**

### **EASTERN CAPE PROVINCIAL LEGISLATURE**

**Honourable Speaker and Deputy Speaker,**

**Honourable Premier,**

**Honourable Members of the Executive Council,**

**Honourable Members of the Provincial Legislature,**

**Chairperson of the Portfolio Committee on Health,**

**Traditional Leadership, and Ministers of Religion,**

**Hospital boards and clinic committees,**

**Departmental Stakeholders, and**

**Honoured Guests, Greetings to you all.**

### **INTRODUCTION**

Honourable Members, we are gathered here at an unprecedented time in our lives, where the world is confronted with the COVID -19 pandemic. I am tabling this policy speech more than 2 months later than originally planned and through a virtual sitting of this House which is another reminder that normal is a thing of the past. As we speak, our province is sitting in third position with a total number 2459 cases, 53 deaths with 1036 recoveries and counting. This pandemic has fundamentally changed our lives and necessitated a complete overhaul of what we have initially planned to do in the first year of the 6<sup>th</sup> term of post democratic South Africa.

Since the official announcement of State of Disaster due to COVID-19 by President Ramaphosa on the 22nd March 2020, we have been hard at work developing a strategy to manage the spread of the virus and flatten the curve. The measures announced by the President which include hand washing, practising social distancing, the early closure of schools as well as the introduction of level 5 lockdown, has significantly helped to some extent to manage the pandemic in the province.

Our revised Provincial strategy to deal with the COVID 19 pandemic is summarised as follows

- The key strategic objectives of the strategy are to break chains of transmission and mitigate COVID-19 impacts on deaths, social support and economic disruption;
- Eliminate low risk transmission through targeted, tracing, isolation and quarantine;
- Curb and suppress outbreaks in the most affected districts through village and cluster mass screening, quarantine, mass testing and mass isolation of COVID-19;
- Attack hotspots mass test, isolate, and lockdown hotspots in high transmission areas by ward, village, shopping malls and workplace; and
- Stop cross border transmissions by screening, testing, and quarantine and isolate cross border travellers and those leaving the province.

Honourable Speaker and Members, in response to the numbers growing exponentially, we have adopted a Community based approach – Masiphatisane. This approach is meant to revive the IGR-War room Government strategy and is based on following thrusts:

- Implementation is driven by a fixed team for testing intervention.
- Patients testing positive for Covid-19 are isolated or hospitalized.
- Contacts of those testing positive are subjected to screening and quarantine till testing results released confirming their status.

Our strategy is aligned with that of working through the use of universally applicable actions, working across society to identify people who are at risk, bringing them to care, following up on contacts, preparing hospitals and clinics, and training health workers in managing a surge in patients.

This strategy we are confident, will help us stabilize the growing numbers and help us to flatten the curve. We have to take cue from the Director General of the World Health Organisation, when he said: *“This epidemic can be pushed back, but only with a collective, coordinated and comprehensive approach that engages the entire machinery of government”*.

As we mark this subdued moment in our country, the World Health Organization (WHO) has reminded us that the spread of this virus can be significantly controlled or even reversed through the implementation of robust containment and control activities.

I am pleased to announce that as early as the 11<sup>th</sup> March, I convened a session with the Health Professionals to plan ahead to ensure that all our facilities have the screening equipment and specimen testing kits. We will have teams at District level that will respond quickly with positive cases and prompt action to be taken for the affected. Our initial strategy focused on three main areas; **Containment, Prevention of further spread and follow up on contacts.**

This pandemic has exposed some of the deficiencies within the public health system, something which is propelling us to improve the deficiencies and even more so to be eager for the NHI – Siyinxamele Somlomo. Abantu bethu equally deserve quality health care services in the same way as being enjoyed by those that can afford private health care.

Speaker, let me applaud the MEC of Public Works, for sharing my vision of a long term sustainable interventions in our facilities. We exploited the period and refurbishing more than 25 of our facilities in accordance with the NHI, whilst responding to the COVID-19 threat. It was fulfilling to hear the President welcoming such initiatives.

The panic, anxiety and uncertainty with which the Covid Pandemic presented itself did not spare the department, instead contributed to expressions through protests in various facilities. We have since managed to ensure involvement of our social partners through weekly MEC-Labour engagements addressing Staffing, PPE provision and consultations as departmental response to Covid.

Madam Speaker, the human resource to fight this pandemic necessitated an appointment of 822 nurses contracted for a year and placement of 20 Cuban doctors throughout the province. To date, the Department has received R351 651 million to respond to Covid 19 in the Eastern Cape.

We continue to announce our statistics on a daily basis through the National Minister and our staff continue to work tirelessly through tracing and screening teams.

## **Commitments made in the last policy speech**

Speaker and Honourable members, in spite of our focus on COVID-19, departmental work should go on. Please allow me to give brief account of what has been achieved in respect of the commitments I made in my previous policy speech starting with the first 100-days in office.

1. We have improved hospital food quality by having dieticians drawing up patient menus and they are constantly monitoring patient food and diet. Procurement challenges relating to food are escalated to Head Office
2. We held very successful Community Outreach programmes in three Districts, Alfred Nzo, Buffalo City and Chris Hani. We did door-to-door programmes in all of them, and bequeathed wheelchairs and other assistive devices to the aged and needy.
3. A new CEO at Butterworth Hospital was employed to strengthen management and governance at the hospital. We strengthened security at the hospital to deal most with people entering the hospital for reasons other than seeking health services. No more sleep overs have occurred since we employed these measures. We continue to support the hospital to become a flagship centre of District Health Services
4. Together with the President, His Excellency President Ramaphosa, Minister Mkhize, his Deputy Minister Paahla and our Premier, Honourable Mabuyane, we criss-crossed the OR Tambo District opening 8 NHI Ideal Clinics. This ensured that there is improved access to health services in our largest district, OR Tambo. Rural communities now have access to state of the art medical technology and better services are rendered.
5. A Health Summit was held with stakeholders to ensure that our performance as the department is enriched and we are able to respond directly to specific needs.
6. To immediately address the issue of staff shortages, we employed 333 previously unemployed enrolled nurses and assistants, 220 professional nurses and 122 non-clinical staff within first 100 Days in office.

## **SERVICE DELIVERY ACHIEVEMENTS**

Honourable Members, in addition to the 100-day achievements reflected above, I now want to reflect on the other highlights of the department's performance in the 2019/20 year.

### **National Health Insurance**

With regards to the Re-engineering of Primary Health Care services (RPHC), the department continued the roll out of NHI readiness programmes throughout the rest of the province. Mass comprehensive community outreach campaigns were conducted in all EC districts. The aim is to extend access to a comprehensive package of Primary Health Care services in communities living far from health facilities. Campaign activities included (1) screening for Diabetes, Hypertension, and other chronic conditions (2) testing for HIV, (3) Oral health, (4) men's health, (5) women's health and (6) eye tests. Doctors form part of the teams and referral to specialists and nearby facilities is fast-tracked where necessary.

As at end of December 2019, the department had 3 971 Community Health Workers who form part of the 337 Ward Based Community Outreach Teams (WBCOT) teams that service the 710 wards in the province. These teams conduct household visits and registration in preparation for the NHI. As at the end of December 2019, 86 781 households were visited. In addition, during the same period, 2 210 Community Health Workers were trained on tracing defaulters, and community screening for early detection of diseases and timeous referral to health facilities.

Another critical element of the Re-engineering of Primary Health Care Services is the Integrated School Health Programme. In the 2019/20 year to date, a total of 530 nurses comprising of 194 professional nurses and 336 enrolled nurses were contracted for the Integrated School Health program and administration of HPV vaccine for cancer prevention amongst grade 4 learners.

With regards to the District Clinical Specialist teams (DCSTs), the province has coverage across all 8 districts with regards to PHC Nurse, Midwife and Paediatric Nurse specialists. We still have to strengthen the Paediatrician, Obstetrician and Gynaecology, and Physician specialists, in the OR Tambo, Alfred Nzo and Joe Gqabi districts. These specialists provide clinical training

and monitoring and evaluation; to support district level organisational activities, ensure collaboration, communication and reporting.

The department continues to implement the Centralized Chronic Medication and Distribution (CCMDD) which is a program aimed at improving access to chronic medicine by stable patients. This intervention deals with decongestion in health facilities through establishing dedicated fast lanes in health facilities as well as establishing medicine Pick Up Points (PUP) that are situated outside health establishments. At the end of December 2019, there were 330 617 clients enrolled on CCMDD of which 173 154 are actively receiving their medicines through the programme. The department has also increased external PUPs to 148.

Availability of tracer drugs in health facilities increased from 85% at the end of the first quarter of 2019/20 to 92% at the end of third quarter of 2019/20. Notwithstanding this achievement, the challenge of medicine stock outs due to the impact of the refurbishments to our depot in Mthatha continued to confront us.

We also strengthen internal controls to bring more visibility of medicines in facilities as well as early escalation of challenges so that we can intervene and make sure that all patients that come to health facilities leave with the medication that they require.

At the end of the third quarter of 2019/20 the department had registered 6.1 million or (84.4%) of the total population in the EC Province on the Health Patient Registration System (HPRS).

Honourable Speaker, the legacy of old and neglected health infrastructure that this government inherited back in 1994 will remain with us for some time especially in light of the continued shrinking fiscal envelope and resultant budget cuts. However, we registered some progress with regards to the delivery of health infrastructure. In the Chris Hani area, we upgraded the Komani Psychiatric Hospital Psychiatric Ward 15 and 2 doctors quarters in the hospital, as well as Fransbury Clinic at a cost of R20 million. Additionally, we also completed accommodation for health professionals at Wilhem Stahl hospital in Middelburg at a cost of R6 million.

In Joe Gqabi district, we replaced the roof and effected other general repairs to Maclear Hospital at a cost of R9 million and effected urgent maintenance & repairs to Empilisweni Hospital to the value of R13,3 million. In Nelson Mandela Metro district, a mental health observation unit was upgraded at a cost of R20 million at PE Provincial Hospital. In Buffalo City Metro district, we upgraded Nkqubela TB Hospital wards at a cost of R15 million. We completed a new Hamburg Clinic in Amathole district at a cost of R25 million, upgraded Willowvale CHC at R14 million, as well as provided fencing and a guardhouse at SS Gida hospital for R5 million.

Honourable Speaker and Honourable Members, with regards to our relentless fight against HIV/AIDS, we have managed to conduct 1.5 million HIV tests as against the target of 1.2 million at the end of the third quarter of 2019/20.

We were able to realise this target through increased facility based and community-based testing which we do in collaboration with supporting partners. We have also intensified our efforts for Provider Initiated Counselling and Testing (PICT) at facility level which ensures that HCT (HIV Counselling and Testing) becomes the standard of care in all consultations with health providers.

The department was also able to distribute 59.5 million male condoms by the end of the third quarter of 2019/20, however our target of 81.5 million condoms to be distributed was not achieved. This was mainly due to supplier delivery challenges and incomplete recording of issued condoms in the Primary Distribution Sites (PDS).

Our efforts to fight mother to child transmission of HIV are also progressing well. At the end of the third quarter of 2019/20, we achieved the Infant PCR test positive within 2 months rate of 1.1% as against a target of less than 1%. This was made possible by interventions such as the successful roll-out of the Fixed Dose Combination (FDC) on pregnant mothers and initiation of lifelong Anteretroviral treatment (ART) on pregnant mothers.

Honourable Members, at the end of the third quarter of 2019/20, patients remaining on ART were 519 065 or 86.9% against the year to date target of 597 090. As the department we find that as much as we test clients and overachieve our targets in this regard, we experience a

low positivity rate from the numbers that we test. This Honourable Members, this means we must target our testing to vulnerable groups, mostly men.

As part of tracing missing TB patients, the department screened 5.9 million clients against a target of 5.5 million as at the end of third quarter of 2019/2020. Out of this number screened, 16 141 were positive, of which 15 790 were initiated on TB treatment, thus achieving a 98% TB Treatment initiation rate, as against a year to date target of 95%. The introduction of new therapeutic agents for managing Drug-resistant TB have resulted in improved drug –resistant TB outcomes, hence the achievement of an MDR-TB success rate of 60% at the end of the third quarter of 2019/20.

Notwithstanding, the achievement relating to Drug resistant TB, the challenge of patients lost to follow up remains with us. At the end of December 2019, the TB lost to follow rate was at 12.8% against a target of 7%. To address this challenge, the department will continue to implement the workplace programmes and TB programmes for the farming communities in Sarah Baartman. Working with developmental partners, the department is also intensifying social mobilization activities in the affected districts, through local radio talk shows as well as using social media to educate communities on the importance of completing TB treatment and reporting early to health facilities when presenting with TB symptoms.

At the end of the third quarter of 2019/20, screening for cervical cancer was done on 88 490 women aged 30 years and older which translates to 82% cervical cancer screening rate as against a target of 70%. The introduction of the liquid-based cytology technique has contributed to the increased screening rate as it addresses challenges previously experienced with smear inadequacies or high smear rejection rate by the laboratories in the case of conventional PAP smear method.

Efforts to strengthen prevention and early detection of these cancers are underway and these include HPV vaccination as well as campaigns on breast self-examination.

In addition, the department has increased access to Colposcopy services to treat cervical pre-cancer lesions in 15 hospitals and this has improved access and reduced travel distances by patient to access this service which was previously only available at Nelson Mandela

Academic, Frere, Cecilia Makhiwane, Dora Nginza and Frontier hospitals. This was scaled up by including 10 more facilities including St Elizabeth Hospital.

In the 2019/20 year, the province conducted in-reach camps over weekends in selected regional hospitals to deal with backlog operations. An orthopaedic camp was conducted in Cecilia Makiwane in August 2019 where over 2 days, 19 orthopaedic patients were operated on. In October 2019, Frontier Hospital also held a camp where over 2 days, they performed 103 cataract operations and in November 2019 conducted 63 major general surgery cases.

These initiatives brought much relief to patients and their families, and on behalf of the department and the people of the Eastern Cape, I would like to thank those doctors who take time to participate in these camps.

With regards to mental health services, inputs during the Provincial Health summit were led by both the Provincial Head and Administrator of Psychiatry. The much awaited 40-bed 72 Hour Observation Unit was opened at PE Provincial Hospital. We have conducted training of 178 officials comprising of clinical managers, medical officers and PHC nurses on Mental Health and Substance Abuse as well as an additional 60 officials comprising of Medical Officers and PHC nurses on Forensic Mental Health.

Three Specialist Mental Health Registrars completed their training in the year under review and were appointed at Dora Nginza Hospital and Nelson Mandela Academic Hospital. An additional specialist psychiatrist was recruited for Cecilia Makiwane Hospital.

Our Cochlear implant service at Mthatha Central Hospital is gaining ground. Eight more Cochlear implants were conducted in the 2019/20 year and we intend to scale up this service, thus reducing our reliance on the neighbouring Western Cape province. We want to showcase Honourable Members, that the Eastern Cape is able to provide some of these specialist services right here in the province for the benefit of our people.

Honourable Members, Nelson Mandela Academic Hospital has appointed 2 plastic surgeons who are conducting operations on children with Cleft Palate and bringing smiles to children who would otherwise never have an opportunity to smile with pride. These surgeons are also working with a national NGO to transfer the penile rehabilitation skill, and by the end of the 2020/21 year, the department will be able to provide the penile rehabilitation procedures in-

house thereby restoring the dignity of many young men who are victims of botched circumcision.

From the human resources point of view, the department embarked on a process of reviewing its organisation structure to ensure relevance and alignment to its service delivery strategy and approach. The macro structure was approved in March 2018, however to ensure that the department has an organizational structure that is fit for purpose and is functionally aligned at macro and micro levels to realise the objectives of the 6<sup>th</sup> Administration, the department is embarking on extensive engagements with key stakeholders.

For the 2019/20 year to date, the department was able to appoint 523 nurses which include professional and enrolled nurses. With regards to the appointment of General Assistants, the department was only able to appoint 122 out of the targeted 300 posts due to severe budget pressures that the department experienced from the third quarter of the 2019/20 year with remainder carried over to next financial .

Our efforts to improve response time and patient journey experience to our facilities, we replaced 269 EMS vehicles and have also improved security measures by installing tracking devices and communication devices. Having observed the spade of unrest at EMS bases, a Provincial EMS Summit was convened end February 2020 to provide platform for consultation and development of strategic plan.

The Eastern Cape College of Emergency Care has a mandate to ensure that the emergency EMS personnel are sufficiently trained to ensure effective service delivery to the people of the Eastern Cape. The budget for the College is determined and allocated according to training demands received from the EMS program in line with strategic objectives set by the department.

The main priority of the EMS College is to implement the NQF aligned programs as per the National Emergency Care Education and Training (NECET) policy. It is the intention of the College to present the one (1) year full time Higher Certificate in Emergency Medical Care (HCert:EMC), the two (2) year full time Diploma in Emergency Care (Dip: EMC) as well as the one (1) year full time Advanced Certificate in Medical Rescue (AdvCert: Medical Rescue).

However, immediate implementation of these programs proved to be challenging than expected as they, per national policy these programmes can only be delivered by higher education institutions. In this regard the department is finalising agreements to present the said programs in partnership with the Nelson Mandela University.

Lilitha College of Nursing stability and overall image was amongst the priorities of the department and the stakeholder engagement held in June over 2 days yielded the much needed relationship platform amongst the college stakeholders. With regards to the curriculum of the College, at the end of December 2019, the register for legacy nurse training programmes was closed to give way to NQF aligned qualifications also offered on the higher education bend with conditional accreditation already awarded for Higher Certificate and Diploma in Nursing.

Honourable Members, our response to emergency needs of our communities needs to be coordinated and accounted for. I am proud to announce that the Eastern Cape Department of Health's Call Centre was hailed as the best call centre in the country. Our Call Centre was found to be best performing in terms of facilitating response to the citizens' queries and following up on the resolution of such complaints timeously, whilst also investing in innovation and knowledge management.

The department's Call Centre has now also taken up the responsibility of managing the maintenance calls from health facilities, a function that was previously outsourced. The Covid pandemic has also resulted in our call centre having to respond to queries from all departments and other provinces. This further confirms the responsiveness of our unit and we are proud of these front line soldiers.

## **SERVICE DELIVERY CHALLENGES**

In spite of our achievements, we are still faced with many challenges. The World over is grappling with the emergence of a deadly coronavirus. Indications are that this is going to be a strain to our already depleted resources. In response to the Covid Disaster regulations, departmental operations and structures have been integrated to the disaster structures.

Madam Speaker, we have heard our Premier's call for us to reduce the burden of disease and ensure that we improve the life expectancy of the people of our province. We will carry out the instructions and comply in continuously improving the quality of Primary Health Care services, and achieve the target as set out that 80% of our clinics should achieve an ideal status by 2024.

### **2020/21 PRIORITIES:**

Honourable Speaker, Health's priorities over the MTEF are aligned to the 10 outcomes in our 2020-2025 Strategic Plan which itself is informed by the Health sector strategy 2019-2024, the Presidential Summit Compact, our provincial Health Summit, the President's State of the National Address as well as the Premier's State of the Province Address. These priorities seek to highlight our commitment and contribution to **a long, health and quality life for the people of the Eastern Cape**. In ensuring that health services are delivered without disruptions, the Executive Management Team (EMT) is entrusted to ensure business continuity of the department.

### **Administration**

In this financial year, we will be implementing our new organogram taking into account financial affordability and sustainability of the department. Thus, the filling of posts as from 01 April 2020 will be aligned with the approved organogram and guided by the migration plan.

The recruitment processes and filling of posts will be focusing on targeted strategic priorities of the department which include availability of leadership in health facilities and provision of medical specialists and speciality nurses for the rural facilities.

With regards to leadership in health facilities, over the 2020 MTEF period, the department is targeting to fill 113 posts of Operational Managers (PHC) which will be prioritised according to the classification of clinics. The department will also prioritise the filling of the vacant posts SMS level including Chief Executive Officers of Frere, St Elizabeth, Komani, and Tower Hospitals.

Honourable members, we will pin our interventions on an efficient and effective Information and Communication Technology (ICT) environment which will facilitate access to reliable and timely information for fast and improved decision making as guided by the ICT Strategy

## **District Health Services**

Honourable Speaker, we have fully participated in the National Parliament NHI public hearings, held in the month of November 2019. I am happy to report that our communities showed high enthusiasm in the deliberations during these hearings. Honourable Members, our engagements with the communities have shown that if we are to realise universal health coverage for all our people and make NHI a reality in our lifetime, we must adopt a multi-pronged approach to provide access to health services in a vast province like ours which has different and sometimes difficult terrains to traverse.

With the imminent implementation of the NHI, as the Department of Health, we have to get our health facilities to be ready for accreditation as healthcare providers, using the Ideal Clinic and Ideal Hospital models. In this regard, we are targeting to have 100% of our regional and tertiary hospitals and 30% of our district hospitals achieving and retaining their Ideal Hospital status in 2020/21. At primary health care level, we are targeting 130 clinics and 18 CHCs to attain and retain their Ideal Clinic and Ideal CHC status, respectively for same period.

In our fight against maternal and child health, the department will be collaborating with government entities such as Department of Social Development and Special Programmes, SASSA, Department of Home Affairs, Department of Rural Development and Agrarian Reform, Education and SAPS as well as community organisations such as traditional leaders, traditional healers, religious leaders, Imbumba Yamakhosikazi Yakomkhulu, NGO's and councillors to target hotspot areas for malnutrition and teenage pregnancy.

Our DCSTs are training doctors in district hospitals on Emergency Triage Assessment and Treatment, Helping Babies Breathe, and Severe Accurate Malnutrition as interventions to prevent neonatal and under 5 mortality and stunting. Kaloku mawethu indaba yempilo yoomama nabantwana luxandiva lwethu sonke ukuba sifuna ukubona uMzantsi Afrika oqaqambileyo ngomso.

Our path towards Universal Health Coverage involves ensuring access to quality care closer to the people. We will engage communities and stakeholders on our plans to rationalise facilities and service packages ensuring “Batho Pele and People Shall Govern”.

Furthermore, Honourable Members, we will procure 20 heavy duty mobile clinic trucks to service some of the underserved communities in our province. In addition to these clinics providing services as partly of a weekly schedule in identified areas, they will be of particular value during the outreach programmes as they will be equipped with different consulting rooms, diagnostic equipment, ablution facilities and access for people with disabilities. We intend to literally expand from mobile consulting room to mobile health facility.

We will ensure that we recruit suitable drivers with the appropriate drivers’ licenses to be able to drive these trucks and deliver the much-needed services to our people. Somlomo Obekekileyo, abantu bethu badiniwe ngoku kukumamela sithetha, bafuna ukubona sisenza qha, qwaba!!!!!!

### **Emergency Medical Services**

With regards to this programme Honourable Speaker, we will be piloting the use of scooters to bring services to some of the most far flung and rural areas of our province. In the 2020/21 year, we will procure 100 scooters which will be configured as Emergency Medical Services (EMS) vehicles, mobile clinics, and used as delivery tools for medicines to Pick Up Points under the CCMDD programme.

In the EMS Summit, I recently convened, we resolved to prioritise the following areas: i) Availing of Employee Wellness Programmes at regular intervals, ii) ensuring that all our EMS staff have minimum qualifications including drivers, and iii) ensuring turn-around time for vehicles in for repairs.

### **Mental Health**

The recommendations of the Health Ombudsman and the appointment of the Mental Health Administrator laid a solid foundation for the work that the department is doing to improve access to mental health services in the province.

We have developed a draft Provincial Mental Health Strategic Plan which is premised on a decentralised mental healthcare approach and will be discussing the plan with the relevant stakeholders during a Mental Health Summit which I will host before the end of the second quarter of 2020/21.

We are also in the process of establishing an additional Mental Health Review Board to cover Amathole and Buffalo City health districts. These review boards are central in ensuring application of and compliance with the Mental Health Policy Framework.

### **Non-Communicable Diseases**

Our target is to have 485 987 and 49 892 patients initiated and controlled on hypertension and diabetes respectively. We also intend to achieve a 25% mental disorder screening rate and cataract surgery rate of 1 300 per 1 million people.

### **Communicable Diseases**

Honourable Members, in our fight against HIV and AIDS, we will rapidly scale up our interventions aimed at meeting the national targets for the 90-90-90 strategy by end of December 2020. The department will continue distributing male and female condoms as a strategy to prevent HIV, Sexual Transmitted Diseases (STDs) and unwanted pregnancy.

We plan to distribute 93.3 million male condoms and 4.8 million female condoms in 2020/21. Through our Condom Use Drive, we intend to focus on promoting use of female condoms across the province and give power to women to protect themselves from STDs and unwanted pregnancies.

We will specifically target the student community as one of the high risk populations and establish partnerships with institutions of higher learning to enable students to access HIV and TB services including availing condoms, HIV and TB testing kits, as well as access to ARVs in their institutions.

Honourable Members, we plan to initiate 70 222 new HIV positive patients on ART and have 696 197 patients remaining on ART. In December 2019, the National Department of Health introduced a new drug that is intended to be used as an alternative first line ARV drug to the existing FDC drugs.

We will also conduct HIV Testing Services to 1.7 million clients and increase the positivity yield from these tests to 7%. This will be achieved through effective collaboration with the Eastern Cape Aids Council (ECAC) and other stakeholders to strengthen community-based testing targeting specifically the high-risk population.

Our strategies in this regard will include Index Testing to trace contacts of the HIV Positive clients and HIV Self Screening and integration of home testing as part of the Primary Health Care Re-engineering Outreach Teams. We will also be procuring outreach bags with testing kits for our Community Health Care to also conduct HIV Testing as part of their community outreach activities.

We also intending to scale up prevention of mother to child HIV transmission by reducing PCR positivity in HIV exposed children to less than 0.5%. To realise this goal, we have to ensure that at least 95% of HIV positive pregnant mothers are initiated on ARV in line with the Mother, Child and Women Health and ARV treatment initiation programme.

In our fight against TB, we have set aside R79 million for GeneXpert tests and R946 560 for Urine Lam testing. These tests assist in early diagnosis of TB amongst the general population as well as amongst the high-risk HIV positive patients.

### **Regional Hospitals**

We have adopted the Global National Hygiene Hand wash programme, which was initially implemented by Frontier Hospital to be rolled out throughout the Province during the first quarter of 2020/21. This mainly in support of curbing the spread of Coronavirus.

We will increase access to renal dialysis services by adding 8 renal dialysis points at Cecilia Makiwane Hospital which will take care of patients from the local area and as far as Chris Hani and Joe Gqabi districts.

## **Tertiary Hospitals**

Building on the commitment made by the Honourable Premier to provide R25 million for a Radiotherapy machine at Nelson Mandela Academic Hospital, the department in collaboration with the National Department of Health is commencing with the building of an Oncology Bunker where this machine will be housed. The project will be completed over the MTEF period and will no doubt improve the plight of our Cancer patients from the Eastern part of the province.

Starting from April 2020, Nelson Mandela Academy Hospital will implement a decentralised Chemotherapy programme to St Elizabeth Hospital in Lusikisiki, St Patrick's Hospital in Mbizana, Madzikane Kazulu in Mount Frere and St Barnabas Hospital in Libode, as part of the its inreach/outreach programme. Oncology patients requiring chemotherapy from these areas will no longer have to travel to Mthatha to access these services.

In the first quarter of 2020/21, a Cochlear rehabilitation Centre will be opened at the Nelson Mandela Academic Hospital.

The enabling works for the Cathlab at the PE Provincial Hospital are at practical completion and this service is expected to resume early in the first quarter of 2020/21. We have procured a modern, high tech machine which better visualises the arteries and chambers of the heart for improved diagnosis and response.

## **Human Resource Development**

The department continues to run one of the biggest bursary programmes for health sciences training, in response to the future service needs in the province and country. In the 2020/21 year, we will be supporting 727 bursars who are pursuing various Health Science and Allied Health qualifications of which 208 are part of the Nelson Mandela – Fidel Castro Medical Program, whilst 519 are in South African universities.

A total of 147 students have recently been granted bursaries at a cost of about R20 million, as a direct intervention by the 6th administration as these young people either faced financial exclusion without a possibility to pursue careers of their dreams. Of the 208 Eastern Cape

students on the Cuban programme, 82 are doing their final year training in various South African Medical schools and a further 92 students will be returning in July 2020 to do their final clinical training in SA.

In line with our strategic outcome 9, (Leadership and governance in the health sector enhanced to improve quality of care), the department will soon launch the Dr Sphiwo Stamper Management and Leadership Institute hosted at Cecilia Makiwane Hospital, which is envisaged as a training hub for the reorientation of all Human Resources for Health by inculcating a value system for health, as envisioned in the National Development Plan, the National Health Act and the Constitution

### **Infrastructure**

Honourable Speaker, as I mentioned earlier about the partnership between my department and the Department of Public Works, our infrastructural programme has already gathered momentum. We have ensured that the alterations and refurbishments we did respond to the long held view that our facilities are dilapidated. However, our interventions as a results of the disaster do not exonerate our responsibility to look into others as well.

The first quarter of this financial year will see us not being able to meet our targets, as we were all focused on responding to the pandemic. Our focus was based on developing the response strategy and setting up such systems that will be sustainable for much longer period. Now that we have done that, I can safely and confidently announce our infrastructural programme.

The dilapidating infrastructure in our facilities remains the elephant in the room. I have taken a conscious decision to have a targeted focus in prioritising our approach to infrastructure rehabilitation and capital projects. I am pleased to announce that we will prioritise the following projects for the Medium Term Expenditure Framework:

- Rebuild the Lady Grey hospital collapsed sections. R40 Million has been set aside for this project;
- Build a new clinic at Cebe village;
- Build a CHC level clinic at Nu 14 Mdantsane , Robby Delange and Unit P village.
- We will embark on major refurbishments at Philani and Linge Clinics at Chris Hani District.

- Prioritise to build clinics for the communities of Xhora Mouth and Rabula Village.
- Refurbish and increase space at Kwazakhele, Motherwell and New Brighton clinics.
- Komani hospital will get the much sought fencing and ensure that their laundry machines are always functional. Work will be completed at the Wards we had already earmarked for renovations.
- We will rehabilitate and refurbish the Tsolo clinic.
- We will also build and refurbish the Kitchen and Laundry at All Saints hospital
- Field Hospitals to be build in all districts (8)

Honourable Speaker, mud clinics will be a thing of past in the Chris Hani District. We will rebuild community clinics in community serviced with mud structure.

I will be finalising the activation of the Memorandum of Understanding between my Department and the Department of Public Works, to focus on the minor repairs and maintenance. This initiative will see the Department of Health working with artisans from the Department of Public Works at regional level, to do repairs and maintenance. We will be assisted by the Expanded Public Works Programme artisans.

We will also be engaging with the leadership on Mbizana local municipality to finalise a Memorandum of Agreement for the transfer of Nokhatshile clinic over to the department with the aim to use this facility to provide services to the affected community of Mbizana.

### **Medico legal**

Honourable Members, the national crisis of medico legal claims continues to wreak havoc in our budget and planning processes and is the single biggest cause of accruals and our non-compliance with the payment of service providers within the stipulated 30 days.

The intervention by the Honourable Premier to lift the medico legal challenge to be a provincial priority and not just a health issue, is truly appreciated. The Office of the Premier, Health and Provincial Treasury teams are bringing their respective interventions to fight this scourge from all fronts.

For our part, we have stopped instructing the State Attorney office in Mthatha and all cases that were previously handled by this office have been handed over to Norton Rose Fulbright SA to be defended under the National RT contract until the medico legal unit is set up at the

Office of the Premier. The department is also participating in the National RT contracts for support to provinces for forensic investigation services and medico legal case management.

We will also be capacitating our legal services unit at head office to be able to deal with the flood of summons and PAIA requests whilst also building capacity in the highly litigated hospitals to scan and secure patient records.

The department is also in the process of developing a business plan for the resourcing of 8 Cerebral Palsy (CP) Centres across the province which if fully resourced and be used by the department to prove to the courts that the State has capacity to comprehensively care for CPs, and thus reduce the exorbitant future medical costs that are usually claimed by the attorneys against the department.

### **2020/21 BUDGET AND PROGRAMME ALLOCATION**

Honourable Members of this House, our budget allocations will never be enough for the challenges we are faced with. **Twenty Six Billion, Three Hundred and Ninety Million, Five Hundred and Seventy Eight Thousand Rands**, for the 20/21 financial year. This budget is to give effect to the above priorities. The table below gives a breakdown of the budget per programme and economic classification:

<b>Programme</b>	<b>Allocation R '000</b>
1. Administration	720 803
2. District Health Services	13 676 205
3. Emergency Medical Services	1 431 884
4. Provincial Hospital Services	3 557 063
5. Central Hospital Services	4 618 025
6. Health Sciences and Training	906 026
7. Health Care Support Services	130 869
8. Health Facilities Management	1 349 703
<b>Total</b>	<b>26 390 578</b>

<b>Economic Classification</b>	<b>Allocation R'000</b>
Compensation of Employees	18 348 000
Goods and Services	6 220 223
Transfers and Subsidies	235 546
Payments of Capital Assets	1 586 809
<b>Total</b>	<b>26 390 578</b>

Honourable Speaker, this budget will fund the following key priorities per programme:

### **Programme 1**

The budget for **Administration** will mainly drive ICT interventions that will ensure connectivity of all health facilities and availability of accurate and timely management information; roll out of Health Patient Registration Systems in preparation for NHI; Enhanced Revenue Collection; and the roll out of the new organogram.

### **Programme 2:**

The budget for **District Health Services** as the biggest and core service delivery programme, will drive implementation of the National Core Standards across all health facilities; Ideal Clinic initiatives; strengthen community outreach services; and increased access to health services to the most rural and far flung areas of the province.

### **Programme 3:**

The budget for **Emergency Medical Services** will ensure provision of emergency services, patient transport and inter hospital transfer services to communities in terms of applicable norms and standards, and supported by a strong ICT infrastructure, which will facilitate effective and efficient utilisation of EMS fleet and personnel. The budget will also be used to procure systems to secure ambulances and crews when on duty.

#### **Programme 4:**

The budget for **Provincial Hospital Services** will increase access to general specialist services in regional hospitals and ensure their adherence to the Ideal Hospital standards.

#### **Programme 5**

The budget for **Central Hospital Services** will ensure increased access to tertiary services across the province, with special emphasis on Oncology patients in the Eastern part of the province. The budget will also provide for the inreach/outreach programme to improve quality of care.

#### **Programme 6**

The budget for **Health Sciences Training** will continue to fund the 727 students currently on the departmental bursary programme; drive reconfigured programmes through its Lilitha Nursing College and EMS College in compliance with Department of Higher Education and Training requirements; as well as establish a flagship Dr Sphiwo Stamper Management and Leadership Institute.

#### **Programme 7**

**Health Care Support Services'** budget will ensure completion, commissioning and accreditation of the refurbished Mthatha medical depot; provision of uninterrupted medicine supply to health facilities; as well as increased access to prosthesis or orthosis services.

#### **Programme 8**

Health Facilities Management's budget allocation will focus on maintenance of health facilities using a decentralised capacitated approach in collaboration with Department of Public Works; provide medical equipment for maternal and child health interventions; and support health facilities achieve infrastructure related Ideal Clinic and Hospital standards across the province through eradication of old and dilapidated infrastructure.

## **CONCLUSION**

Honourable Speaker and Members as we are mandated to render efficient services to a population of 6.6 million we are doing what we can to rise above the challenges that are facing us as the department of Health. I wish to believe that with the systems and strategies we have put in place, we have turned the corner and are on the right path.

We are mindful of the reality that in the sector within which we are operating, there is no finish line however, the strides we will be making will bring us closer and closer to the realisation of Universal Coverage for all. The Thuma Mina Outreach Programmes embody our commitment to the Social Contract we as government have with the community of the Eastern Cape.

As we continue to adjust our response to Covid 19 Pandemic on a daily basis, we continue to take a leaf from the lessons learnt in dealing with outbreaks and TB previously. The words by Dr Nelson Mandela in his message on the 2007 World TB Day “The key to controlling TB is to raise awareness about its symptoms and encourage sufferers to seek treatment” are very much relevant during this pandemic.

Honourable Speaker allow me to table the 2020/21-2024/25 Strategic Plan, the 2020/21 Annual Performance Plan and the 2020/21 Operational Plan.

**ALUTA CONTINUA!!!!**