



Province of the
EASTERN CAPE
HEALTH



POLICY & BUDGET SPEECH

2025/2026



Together, moving the health system forward



**EASTERN CAPE DEPARTMENT OF HEALTH POLICY & BUDGET SPEECH
FOR THE 2025/26 FINANCIAL YEAR TO THE EASTERN CAPE
PROVINCIAL LEGISLATURE AT RAYMOND MHLABA CHAMBERS ON
THE 9th APRIL 2025 BY HON. MEC NTANDOKAZI CAPA**

Madam Speaker and Deputy Speaker
Hon. Premier Mr Lubabalo Mabuyane
Leader of Government Business, Hon. Mvoko
Members of the Executive Council
Hon. Chair of Chairs and Deputy Chair of Chairs
Hon. Chief Whip
The Chairperson of the Health Portfolio Committee
Hon. Members of the Eastern Cape Legislature
Our Kings and Traditional Leaders at large
Director-General & Heads of Departments and Entities
Distinguished guests
Organised Labour
Ngoku khethelekiyo, uluntu ngokubanzi lwe Mpuma Kapa

Bhotani Mawethu ngale mva kwemini.

I am deeply honoured and encouraged to stand in front of this august house to present the first policy and budget speech of the Department of Health in the 7th term of government. We are tasked “to invest in people by ensuring that there is health for all” in Mpuma Kapa.

It has been more than thirty years of a journey that started to build a united, non-racial, non-sexist, democratic and prosperous society, which guarantees a better life for all.

We draw our aspirations from the Freedom Charter and our mandates from the National Health Act 61 of 2003. This Act intends to provide a framework for a structured uniform health system within the Republic, considering the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. We have aligned our strategies to the tenets of the Provincial Development Plan 2030 to reduce inequality and eliminate poverty.

POLICY & BUDGET SPEECH - 2025/26

Since the advent of democracy, the African National Congress government has been resolute and steadfast in correcting the injustices of the past and bringing a better life for all.

Madam Speaker and Honourable Members, when presenting this policy and budget speech, I will highlight the achievements and progress of the department emanating from 2024/25 policy speech. I will also emphasise focus areas and priorities, in the 2025/26 year ahead, to address our three mandates of providing health services; the academic responsibilities related to teaching, training and research; and our contributions to the developmental agenda of our government.

The house is humbly reminded that the full departmental performance report will be contained in the 2024/25 annual report I shall be tabling in this house in the third quarter of the year.

Andikwazi ukuthula xana abantu abango Mama kusathe gqolo ukuba babulawe kwaye baphathwe gadalala kweli phondo le Mpuma Kapa. As the department and a government of the people, we implore men and society at large to desist from acts of violence and brutality against women.

The recent attacks and murders of a gender activist, Ms. Mabini, in Gqeberha; and on three young women in OR Tambo, Ntombekhaya Galo, Simanye Zilindlovu and a nurse in our department, Professional Nurse Nesethu Rauzela, at the cusp of embarking on her career – these murders are despicable and deplorable. The recent outcry in support for young Cwewe, Alu and “boy” demonstrates that our communities will not tolerate these acts of violence and injustice any longer.

Honourable Members, we are living in a society where women are still vulnerable to sexual assault or rape. While boys and men do experience abuse, it is important to remember that most victims of violence are female and that the majority of perpetrators of violence are boys and men.

However, Honourable Members, violence against girls and women is acknowledged, globally, to stem from male dominance and the socialization of boys and men. The Department has implemented behaviour modification strategies targeting young girls aged 10 – 14 years, in partnership with other government departments and Developmental Partners. We are convinced that it is important to intensify behaviour modification that affects young girls. This, again, requires a whole of society approach.

As a Department, we will continue to play our part and advocate for staffing and resourcing of the Thuthuzela Care Centres. Once the victims of these cases are attended to in our facilities, they will not only be treated but will be escalated. This will ensure that every case suspected to be one of abuse is reported to SAPS and is followed through in our multi-sectoral structures.

”Justice for all GBV victims and survivors”

As a caring government, we prevail on our law enforcement agencies to do everything practically possible to track and apprehend the perpetrators of these inhumane and brutal deeds to humankind.

ACKNOWLEDGEMENT

Madam Speaker, we are reeling from the recent passing of Prof. Mkhusele Mashiyi, our Head of Clinical Unit in Nephrology at Nelson Mandela Academic hospital in Mthatha. He was an esteemed and dedicated physician, a respected leader and a compassionate mentor.

Prof Mashiyi was known for “his unwavering commitment to advancing medical knowledge and improving patient outcomes. His expertise and passion for teaching inspired many young professionals in the field.

He contributed significantly to his province and South Africa through his drive to provide access to specialist care for the marginalised and destitute.

In honour of Prof. Mkhusele Mashiyi, the department plans to name the Mthatha Regional hospital after this distinguished health professional who has done so much for his community.

The department will ensure that it consults widely with all the relevant stakeholders of areas.

BATHO PELE – PEOPLE FIRST (ABANTU KUQALA) – CUSTOMER CARE

Honourable Members, when we were tabling the 2024/25 departmental plans to this house we said, “We Care/ Siyakhathala.”

POLICY & BUDGET SPEECH - 2025/26

In the year under review, we have made some great strides to display that we are a caring organisation and committed to serving our people, despite a highly constrained fiscal space.

We are humbled by the many compliments reported about the excellent service provided by our employees. At the same time, we commit to address all the shortcomings we receive from our patients, their families and the public.

One recipient who received excellent service at Uitenhage hospital in Gqeberha said “I lodged a complaint with the hospital administration, and I am thrilled to report that the CEO responded promptly, professionally, and with clear commitment to resolving the issue.”

Mr Petros Majola recently wrote to the Acting CEO of Nelson Mandela Academic hospital expressing gratitude about the positive interactions with Dr Mdledle who is acting Clinical Director. He described Dr Mdledle as the “the gentleman who gives hope and is well representing the public health system, a man who is always fresh even at midnight, with a warm heart and willingness to offer a helping hand.”

On our Facebook page, we received another compliment in Mthatha from Mr Lubabalo Ngcukana, “#HappyPatientFeedback” who was pleased about the assessment, tests done and quality treatment he received. He wished that everyone can get the same standard of service that he received.

There are many letters and messages of appreciation and happiness from the services delivered by many men and women who embrace the principle of “People First – Abantu kuqala.

In the 2025/26 financial year, the department commits to “Batho Pele (*People First*) - Abantu kuqala” principles. The Batho Pele (*People First*) directs that healthcare providers should actively engage with patients, listening to their needs and preferences, and involving them in decision-making regarding their care.

Madam Speaker, we have established mechanisms to address complaints and resolve issues, ensuring that patients receive a fair and timely response.

In the year ahead, we will strive to improve our responsiveness to the needs of the communities we serve, across the board. We will relaunch the Complaints Management System, to raise awareness of how to lodge concerns and obtain responses and support at the point where problems arise.

POLICY & BUDGET SPEECH - 2025/26

Training on customer care will continue to form part of the induction process to onboard new and refresh current employees. We will track complaints and compliments from various sources (social and print media, WhatsApp messages, etc.) and ensure appropriate complaints management at facility level.

The focus in the 2025/26 year will be on ensuring our Call Centre mechanisms are enhanced as follows:

- Improving communication with citizens through an improved and rebranded Contact Centre
- Improvement in our communication systems – ensuring multiple access channels (apps, emails, over and above the normal calls)
- Working with SITA and OTP on a Customer Relations Management (CRM) system upgrade
- Not only be available for calls and complaints but will serve as an interface with officials of department and citizens

These efforts are in support of the commitment made by our President to improve staff attitudes, long patient queues and customer care.

PUBLIC HEALTH SECURITY AND INTERVENTIONS

Honourable Members, in the month of February 2025, the province experienced incidents of Hand, Foot and Mouth Disease (HFMD) in Buffalo City Metropolitan Municipality and subsequently in Sarah Baartman district.

The department deployed its Outbreak Response Teams (ORT) to investigate educational facilities in East London, Kouga and Makhanda. A total of seventy-eight (78) cases were reported. There were no fatalities recorded and the children have since recovered fully.

LEADERSHIP POSITIONS

Honourable Members, to improve population health outcomes and address health disparities, effective leadership is crucial in public health as it drives policy development, resource allocation and utilisation, performance and accountability, and stakeholder engagements.

POLICY & BUDGET SPEECH - 2025/26

In the year under review, the department had critical leadership vacancies like Chief Executive Officers of Regional, Specialised, Tertiary hospitals, Chief Financial Officer, and directors at district offices.

I am pleased to inform the house that the following Chief Executives positions have been filled:

- Dora Nginza Regional hospital and
- Jose Pearson TB hospital.

The recruitment processes for the CEO positions for Frontier hospital has been initiated and will be concluded by the end of May 2025.

I must also report that the positions for CEOs of two tertiary hospitals, Frere and Livingstone, have been re-advertised to ensure a pool of suitable candidates from which we can interview. The closing date for submission for applications has since closed. The shortlisting and interviews will be concluded by the end of April 2025.

In the year ahead, we will address the administrative issues related to the CEO positions at St Elizabeth & Empilisweni hospitals, as we shift our focus to the next level of hospital CEO positions – filling within available budget, positions such as the filling of the CEO post at Madwaleni and Nelson Mandela Academic Central hospitals.

Madam Speaker and Honourable Members, the department has initiated the recruitment and selection process for the departmental Chief Financial Officer position. This recruitment process will be concluded before the end of April 2025.

TOWARDS FINANCIAL SUSTAINABILITY

Madam Speaker, the Department and the sector faced severe financial constraints this past year, with budget cuts and historic debt placing pressure on the ability to employ much needed human resources and pay suppliers within 30 days.

The department continues to operate within a fragile financial space and experiences intractable service pressures daily. This is in the face of increased demand for care as we recover from COVID-19 and undergo the epidemiological and demographic transition.

POLICY & BUDGET SPEECH - 2025/26

According to Statssa 2022 survey, 64% of our people are under the age of 35 years – this typically equates to a high demand for basic services, women’s reproductive health and child and adolescent services; but, at the same time, around 11% of our people are over the age of 60 years. The latter requires us to provide for diseases typically seen in the elderly such as diabetes, hypertension, strokes, cardiovascular diseases, cancers and so on.

The accruals and payables are an albatross on the neck of the department, making it extremely difficult to manage the day-to-day operations with service providers threatening to withdraw their services for delayed payments.

Notwithstanding the gloomy financial picture above, the department has been putting measures in place to address the factors that have resulted in the tight financial position which threatens the delivery of quality health care.

Financial stability with respect to the debt and COE pressures required hard decisions in the 2024/25 financial year - we managed to flatten the debt curve and significantly reduce the projected COE over-expenditure, but it came with a heavy price because we had a net loss of staff.

Honourable members I would like to commend our staff who continued to provide the best possible care despite being short-staffed. This will become better in the year and MTEF ahead as we adjust our Annual Recruitment Plan 2025/26 to accommodate the additional budget for employing critical staff, recently announced by the Honourable MEC for Provincial Treasury in the Budget speech in March 2025.

Honourable Members, the Department also implemented drastic austerity measures to contain spiralling expenditure and mitigate against over-expenditure of the departmental budget vote.

We remain committed to the implementation of the cost-savings and efficiency projects like the service delivery model and optimisation with an appropriate organogramme; and containing and minimising leakages in cost-drivers like National Health Laboratory Services (NHLS), security, medicines and commuted overtime, to name a few of our critical interventions.

In the last policy speech, the department committed to this honourable house that it will pay special attention and address the Commuted Overtime (COT) matter raised by the Auditor-General.

I instructed the departmental executive management to drive a process of consultations with all relevant stakeholders like Clinical Heads of Department, Clinical Managers, CEOs, District Managers and professional associations and unions.

We agreed that COT must be re-assessed, be implemented according to the prescribed policy and be paid to deserving medical officers.

Madam Speaker, we have already gained allocative efficiencies and measurable savings of around R49 million. This is because we began rostering doctors according to service type and the demand for services. All doctors have been through a contracting process for the new financial year, according to service needs and ensuring value for money.

The Department's Financial Management Strategy has a programme of action and projects to achieve five strategic objectives in our bid to obtain financial liquidity. We shall build on the following interventions to realise our objectives:

1. Reduce losses from the budget through the integrated strategy to reduce medico-legal claims and settlements.
2. Optimise the available budget through optimisation of the service delivery platform, human resource deployment and infrastructure.
3. Debt restructuring and cost-containment, focusing on cost-drivers, strengthening controls in pursuit of an unqualified audit opinion; and strategic sourcing in SCM.
4. Innovating and deploying disruptive technologies and digitalisation to introduce efficiencies.
5. Increase income streams through revenue generation projects, strategic partnerships and accessing donor funding.

Achieving the unqualified audit opinion for 2025/26 is of paramount importance, as it will demonstrate that there are adequate controls in place to minimise the risk of any leakages. In the year ahead we are building on the improvements of the 2023/24 audit, in pursuit of an unqualified opinion.

The department has implemented the Audit Improvement Plan Strategy in the year under review. A lot of effort has gone into ensuring we have a credible contingent liability statement - we have submitted our restatement of the opening balance already.

INTEGRATED MEDICO-LEGAL STRATEGY

Honourable Members, the settlement of medico-legal claims in prior years and significant contingent liabilities associated with medico-legal claims, impacts the State's ability to provide quality services and threatens the financial liquidity of the Department of Health, and the EC province.

We are pleased that the integrated medico-legal strategy is yielding measurable benefits in that the number of new claims and the lump sum settlements have decreased significantly since the inception of the strategy.

The integrated EC Medico-legal strategy aims to:

- Halt the outflow of funds from the Department of Health through upfront lump sum settlements
- Strengthens administrative systems and the legal defence of current cases and
- Targets clinical and forensic interventions that reduce the risk of future litigation.

We also want to acknowledge the Provincial Treasury and SIU who have assisted us with forensic investigations into the medico-legal claims against our department. As a result, we have handed over cases to the Hawks and NPA for prosecution. We have also been able to hand over 25 firms to the Legal Practice Council for consideration of disciplinary action for Trust fund irregularities.

We felt vindicated when the courts suspended and then struck off the roll, the unscrupulous attorney at the end of last year. In the year ahead, we will be working with the SIU and Office of the State Attorney in their respective investigations.

I am convinced that our collective efforts as the department and the Eastern Cape Government as a whole, will yield continue to yield positive results.

Building on the gains of the landmark Noyila judgement and the rollout of innovative HMS2, the focus of the 7th administration will be on addressing the Promotion of Access to Information Act (PAIA) matters, safeguarding patient records and clinical interventions. The Department has committed to establishing eleven Centres of Excellence that treat clients diagnosed with Cerebral Palsy. This intervention will mitigate the outflow of large sums of money previously paid for future medical care to Cerebral Palsy litigants.

We have started with the infrastructural changes, one site per region, thus far:

- **Sir Henry Elliot** in the Eastern Region - Construction is nearing completion at 99% overall. The facility is ready for commissioning
- **Cecila Makiwane (CMH) and Frere hospitals** amendments is at the tender stage. Improvements to the existing building to accommodate the Cerebral Palsy Centre is estimated to be 24 months and a total estimated cost for this scope area is R35m for CMH and Frere hospital estimated at is R2,5m.
- **Dora Nginza hospital** - Phase 3: Upgrade and Additions has an anticipated contract period of 15 months at a total cost of R65 million.

We are also strengthening our capacity to provide general and orthopaedic surgeries at identified hub hospitals, closer to where our people live and work and increasing access in our most rural facilities.

IMPROVING ACCESS TO MEDICAL SPECIALIST SERVICES

Honourable Members, the historical, structural inequality that disadvantages the poor and rural vulnerable communities, is being eliminated through a coherent and effective departmental strategy to improve access to specialist services.

We can confirm today that the decentralisation of clinical specialist services is being implemented.

Medical specialist services have been extended to Alfred Nzo, Joe Gqabi and Sarah Baartman, expanding the benefits of accessible specialist services. Patients are spared the long pilgrimages to central urban centres like Gqebera, Buffalo City, and Mthatha.

Renal Dialysis Services

The establishment of the Renal Unit at Nelson Mandela Academic hospital by the recently departed esteemed Professor Mashiya was an answer to a cry by our people needing kidney treatment.

Prof Mashiyi ensured that black people on the Eastern side of the province who, prior to 1994, were denied renal treatment by Frere hospital, received treatment at our Nelson Mandela Academic Central Hospital.

The Department is now commissioning the first-ever renal dialysis service based in a public hospital in the *far* Eastern region, at St Elizabeth hospital. This unit will be launched by the end of April 2025, thanks to the efforts and determination of Prof Mashiyi.

He was also on the verge of establishing a Renal Unit at Frontier hospital in Komani.

The people of the Eastern Cape will always be indebted to Prof Mashiyi for his dedication to the health service and its people.

Sarah Baartman will, in this financial year, also receive renal dialysis services. Dialysis machines have already been sourced from the National Department of Health to so that we are able to commence.

The expansion of renal services are as a result of the diligent, great work undertaken by the late Prof. Mkhusele Mashiyi (*umoya wakhe ulale ngoxolo*) in the eastern region and by Dr Rob Freecks, based at Livingstone Hospital, in the Western region.

Under this administration, these programmes will grow and be enhanced through stronger partnerships with both medical schools of Walter Sisulu and the Nelson Mandela Universities.

Bedford Orthopaedic Hospital

Honourable Members, the department is seized with addressing the bottlenecks that led to backlogs and long waiting times for orthopaedic patients at Bedford hospital.

The energy challenges facing the country and the Mthatha area, has resulted in long waiting times for patients who needed surgery to alleviate suffering and pains. We have puit the following measures in place:

- Replaced the old generators who were susceptible to break-downs
- Commissioned two extra theatres to address the backlogs
- Procured interim water tanks to promote hygiene and quality care

These interventions have increased the available time for orthopaedic cases in theatre and eliminated the risk of cancellation of procedures. The department closely monitors the situation and will ensure that our people receive effective and efficient health care.

In this year, we will decentralise minor orthopaedic surgeries to St Elizabeth and Oliver and Adeliade Tambo Regional hospitals. This will further assist in addressing the backlog and in mitigating any future congestion at Bedford hospital.

Decentralisation of Other Disciplines

A host of other specialist services like orthopaedics, maternal and child, general surgery, dermatology, and internal medicine are being introduced to various facilities like Madzikane kaZulu, Taylor Bequest, All Saints, Butterworth, Aliwal North, and Andries Vosloo hospitals, to mention a few.

INNOVATING AND DIGITAL TRANSFORMATION

Madam Speaker, Electronic Patient Records (EPRs) are crucial for improving healthcare quality and efficiency by centralizing patient data, enhancing access for healthcare providers, and reducing errors, ultimately leading to better patient outcomes and streamlined operations.

The department has made significant progress in the rollout of our in-house developed, innovative Health Management System 2 (HMS2):

- Phase one rolled out to forty-nine (49) facilities and
- Phase 2 rolled out to eight (8) hospitals namely, Nelson Mandela Academic, Mthatha Regional, Frere, Cecilia Matiwane, Livingstone, PE Provincial, Dora Nginza and Butterworth hospitals.

Holy Cross and Taylor Bequest hospitals have been rolled over from 2024/2025 as we align with the OTP-led broadband connectivity project to those areas. The implementation of the Broadband project introduces a Wide Area Network infrastructure to improve connectivity for our facilities- this assist with improved patient care.

A total of seven hundred and seventy-three (773) facilities have been earmarked for broadband connectivity by the Office of the Premier (OTP) – these include those hospitals that experienced a significant number of medical litigations.

POLICY & BUDGET SPEECH - 2025/26

To date, 477 healthcare facilities, which represent approximately 62% of the identified facilities, have been successfully provided with broadband connectivity.

In the 2025/26 financial year, R29 million has been set aside for Local Area Network (LAN) Infrastructure specifically for broadband utilisation in the year ahead. The department plans to connect fifty (50) Primary Health Care clinics and ten (10) hospitals into the broadband network.

In the 2025/26 FY, eight (8) additional facilities are going to be receiving phase I of HMS2; and ten (10) facilities are going to be receiving digitisation rooms to scan hard copy patient folders. Scanning the documents allows us to have an electronic back-up of patient folders at our disposal.

The Centre for Scientific and Industrial Research (CSIR) is assessing the scalability of the HMS2 system as a potential national solution for NHI, following the successful implementation of our HMS2 in fourteen (14) facilities in the Free State. Other provinces have already demonstrated an interest in the system, coming to our province to benchmark our innovation.

Through the HMS2 Patient billing and electronic database interchange, the direct billing of insured patients for National Health Laboratory Services and South African National Blood Services are on schedule - the interoperability capabilities of the system allow us to do this.

The patient billing module has been rolled out to thirty-nine (39) health facilities that have been identified as revenue generating facilities. This is assisting us to increase the revenue that we are collecting from patients with medical aids that utilise our services.

Our **digital transformation journey** in the year ahead includes, but is not limited to:

- 1) **Electronic Patient Records:** the accelerated development and roll out of HMS2 to identified facilities
- 2) **Digitisation:** the scanning of hard copy patient folders and saving them electronically at digitisation hubs
- 3) **Automation** of our business processes , with a focus on EMS (Call and Disptaching System); supply chain management (launching the eTender and CSD e-Quotation systems) and Human Resource management and development (eLeave and ePMDS systems)

- 4) **AI-enabled solutions:** The enhancement of HMS2 and other software applications with AI-driven systems & analytics

The Department is intentional in bringing Artificial Intelligence (AI) capabilities into these projects because AI can:

- Enable data-driven resource allocation in our constrained environment.
- Automate routine tasks to relieve our over-burdened healthcare workers.
- Transform our ability to predict and prevent health system challenges before they affect patient care.
- Improve our ability to monitor and respond to public health trends across our diverse province, improving performance and accountability.

The Eastern Cape Department of Health's decade-long investment in HMS2 has established more than just a digital healthcare infrastructure; it has laid the groundwork for a transformative healthcare revolution that we believe, humbly, South Africa urgently needs.

This programme is an investment in the people of the Eastern Cape Province, and a commitment to ensuring that every citizen has the right to access quality healthcare, regardless of their location.

NATIONAL HEALTH INSURANCE

Honourable Members, the implementation of the National Health Insurance is the culmination and realisation of the vision and aspirations of the Kliptown “Freedom Charter” adopted 70 years ago. The Freedom Charter states “Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children”.

NHI aims to achieve Universal Health Coverage (UHC) for all South Africans by ensuring that all our citizens can access a minimum package of quality services that promotes good health; prevents, treats and palliates disease; and rehabilitates them to optimal functioning when recovering from illness. In doing so, they must not experience financial hardship for healthcare (financial protection).

The signing of the Bill by His Excellency President Ramaphosa on the 15 May 2024, was a key milestone on our journey towards universal and comprehensive quality health coverage for all. The Act is being implemented in phases, using a progressive and programmatic approach, based on the available financial resources.

The pillars of the NHI programme include:

- **Re-engineering the Primary Health system** through ward-based community outreach services; integrated school health programmes; health promotion; and Centralised Chronic Medication Dispensing and Delivery (CCMDD) programme.
- An **accreditation programme** that sets out minimum standards to be delivered at our healthcare facilities – the ideal clinic and ideal hospital programme.
- Testing the finance structures and arrangements required in a **single payer system** – the **contracting arrangements** with providers to procure their services.

This government has made great progress in preparing health facilities - our clinics and hospitals - to meet the standards set by the Office of Health Standards Compliance (OHSC).

The department has conducted “Status Determination” in seven hundred and seventeen (717) PHC facilities. Out of the facilities that conducted the “Status Determination”, three hundred and ninety-six (396) that have thus far reached the Ideal Status.

Honourable Members, the department has started piloting the Contracting Unit for Primary Health Care (CUPs) in Ngquza Hill in OR Tambo district. This project tests the financing mechanisms for NHI with respect to the contracting of service providers.

Re-engineering Primary Healthcare

The Department is implementing the Ward-based Community Outreach Teams programme in our bid to strengthen preventative care. These teams are Tracking and Tracing those clients that interrupt treatment, education, detect malnourished children, screening, visit and conduct household intervention. This enables the government to be in touch with its people and bringing services closer to the people.

We have provided services to thirty-nine (39) identified poorest wards in the province. The number of households visited is one million, one hundred and twenty-six thousand and twelve. (1,126 012) and we will continue to visit these households in the year ahead.

The services provided at household level include pregnancy testing amongst childbearing age women. This assists in the early identification and referral of those that are found to be pregnant so that they attend Ante Natal Clinics at our facilities. It is during antenatal

care that we can pick up at-risk pregnancies early, intervene with appropriate support and thereby prevent complications, and mitigate avoidable factors in maternal deaths.

In the year ahead, we will expand the outreach campaigns, where we take multi-disciplinary teams into the hardest to reach communities to provide comprehensive health care services on-site. We will ensure that two campaigns per district are undertaken in 2025/26, over and above the routine ward-based community outreach services that we render.

Honourable Members, in healthcare, traditional leadership play a crucial role in promoting community engagement, facilitating access to services, and influencing health behaviours by leveraging their cultural influence and trust within communities.

We welcome and encourage the expansion of these programmes through partnerships with our traditional leaders, local councillors and community-based organisations in the year ahead.

In the words of former President Thabo Mbeki, we want to make medicines and drugs available and as affordable as possible to what is largely a poor population.

The Central Chronic Medicine Dispensing and Distribution (CCMDD) intervention has enrolled four hundred and forty-four thousand, seven hundred and seventy-two (444,772) clients.

This intervention strengthens compliance and improves access to lifesaving medicines to our citizens. At the same time, the intervention helps to decongest health facilities.

Great places e Baziya, Nkosi Minenkulu Joyi, is living example of attaining access to health care in rural areas. We launched a service point ku Centance phantsi kuka Nkosi Tyali abantu bawafumana amayeza abo bengahambanga mgama ungephi.

The department has implemented the Health Patient Registration System (HPRS) in six hundred and forty-four (644) Primary Health Care facilities, and to date more than six (6) million citizens have been registered on the HPRS.

IMPROVING QUALITY OF CARE

Honourable Members, globally and in South Africa, quality healthcare is crucial for achieving desired health outcomes, ensuring universal health coverage, and upholding human rights to health. It involves safe, effective, people-centred care, and requires continuous improvement efforts to address challenges and improve the healthcare system.

Government has therefore introduced numerous developments and programmes to improve health care, efficiency, safety, quality of delivery and access for all users. And there have been major changes in health policy and legislation to ensure compliance in delivering quality care.

The Eastern Cape has committed, in the Provincial Development Plan 2030, that we shall increase life expectancy of citizens to 70 years. The department will therefore continue, in the year ahead, to:

- Pursue optimal health outcomes for the quadruple burden of disease
- Provide a positive experience of care, cost-effectively
- By a healthcare workforce that is engaged and inspired

I will touch on the key health programmes by burden of disease, reflecting highlights of the past year, whilst also indicating focus areas as part of our drive to continuously improve quality in these programmes in the 2025/26 Medium Term Expenditure Framework (MTEF).

MATERNAL AND WOMEN'S REPRODUCTIVE HEALTH

Honourable Members, maternal and women's health is crucial for individual well-being, family stability, and societal progress. It encompasses the health of women during pregnancy, childbirth, and the postnatal period, as well as broader women's health issues.

Maternal health has a far-reaching impact on families and communities, as the health of the mother directly influences the health and well-being of her newborn child and the entire family.

Investing in maternal and women's health is an investment in the future, as healthy mothers are more likely to raise healthy children, contributing to a more productive and prosperous society.

Preventing Unwanted Pregnancies & Teenage Pregnancies

Globally, the WHO reported in 2024, that an estimated 21 million girls aged 15-19 become pregnant annually, with about 12 million giving birth. Sub-Saharan Africa (SSA) has some of the highest adolescent birth rates (ABR) globally.

Complications during pregnancy and childbirth are a leading cause of death for young girls, and adolescent mothers face higher risks of maternal mortality and severe morbidity. Teenage pregnancies often lead to girls dropping out of school, limiting their future economic opportunities, and perpetuating cycles of poverty.

A significant portion of teenage pregnancies are unintended, increasing the risk of unsafe abortions and other health complications.

Honourable Members, our strategies therefore aim to prevent unwanted pregnancies by strengthening access to contraception and empowering young girls and adolescents to make informed choices about their reproductive health.

At Primary Health Care facilities, we have implemented Long Acting Reversible Contraceptives (LARC) to promote family planning. We are introducing a long-acting Intra-Uterine Contraceptive Device (IUCD) which is effective for ten (10) years. In addition, the department has forged partnerships with local universities to promote the use of the Implanon contraceptive by students.

In the year ahead, we have planned to distribute sixty-six million, seven hundred and eighty-seven thousand, seven hundred and thirty-one (**66,787,731**) male condoms and two million, seven hundred and six thousand and thirty-six (**2,706,036**) female condoms.

Our facilities are equipped to provide emergency contraceptives within 72 hours of the time when a person woman or a girl is sexually assaulted or raped - to prevent unwanted pregnancies. This is coupled with treatment options to prevent sexually transmitted diseases, at the same time.

Youth Zones of Access & Safety

Honourable Members, the South African adolescent and youth are facing various health challenges and social ills. This age group remains one of the priorities for the department.

POLICY & BUDGET SPEECH - 2025/26

To increase uptake of health services by this cohort, we have established 534 youth zones in our public health facilities across the province to create an enabling environment for young people to openly discuss their health challenges without fear of being judged. We also trained and placed young people or staff with an interest in working with young people in these facilities.

The Department would like to appreciate the health promoting churches partnership in Nelson Mandela Bay. This initiative is aimed at reaching youth and adolescents within the church and the surrounding areas.

For the very first time, a Youth Zone was launched at St Stephen's Anglican Church in Gqeberha on the 26th February 2025, as a build-up activity during STI/Condom week Campaign.

There are several more organisations that have raised their hands to tackle this enormous issue with government. The Department of Health will partner with them in the year ahead.

We welcome other organisations that wish to partner with us, in a similar way, to create these safe, inspiring spaces for our youth in their communities.

In the year ahead, we will increase the number of youth zones by an additional 60.

In Vitro Fertilisation (IVF)

Sexual Reproductive Health innovative interventions are critical in improving the lives of the people especially the couples or individuals who plan to start new life.

The Nelson Mandela Academic hospital is introducing a brand new specialised and highly technical service – In Vitro Fertilisation (*IVF*). *IVF* is the joining of a woman's eggs and a man's sperm in a laboratory dish, outside the human body.

The *IVF* will be launched in May 2025. The equipment has been procured and commissioned and the specialist appointed. The three nurses have been interviewed and will assume duties in the new financial year. The post for the embryologist will be employed this financial year – funded by the National Tertiary Services Grant (*NTSG*).

Child Health

Honourable members, globally, 19 million children under 5 years of age worldwide and is estimated to account for approximately 400,000 child deaths each year.

Child health is a cornerstone of public health, crucial for building a healthy society, as healthy children are more likely to become productive adults and contribute to a thriving community. Investing in child health yields long-term benefits, including reduced healthcare costs, improved educational outcomes, and a stronger workforce.

According to the Grow Great Survey that was conducted in the province in 2021, the findings suggested an estimated 25% stunting rate of children under five years, and associated child malnutrition. In partnership with Social Protection, Community and Human Development Cluster members, the department actively contributes to averting poverty and child malnutrition.

All health professionals in Primary health care are trained on the Integrated Management of Childhood Illnesses (IMCI) so that they can identify children with malnutrition and provide health education to the mother as well as Nutritional Supplementation, early on.

Our Integrated School Health teams visit early childhood development centres to provide Vitamin A doses to children who are 12- 15 months. We are pleased to report that, during 2023/ 2024 financial year, we provided Vitamin A to 83% of the eligible children. As at the end of the half yearly reporting period in 2024/25, already there was 73% coverage for Vitamin A.

We are concerned as a department at the observed decline in the immunisation under-1 year coverage. The department reported 78.6% for the 2023/2024 financial year against the target of 85 per cent. During the half yearly reporting period in 2024/25, a further decline in the immunisation under-1 year was observed as the department reported 65.5% coverage.

We will be conducting outreach programmes in the year ahead to reach the far flung areas and we encourage all mothers to bring their children who have missed their immunisation schedules during this programme.

Madam Speaker, we have otherwise seen measurable progress in children under five years, in the past year, as follows:

- We reduced the case fatality rate due to diarrhoea to 1.7% against a target of 2.5%.
- We reduced the severe acute malnutrition case fatality rate to 6.5% against a target of 7.5%.
- We further managed to reduce the case fatality rate due to pneumonia to 2.2% against a target of 2.4%.

Nonetheless, every child that dies due to severe acute malnutrition is a stain on our society. And so we remain resolute to prevent deaths due to severe acute malnutrition, in an integrated and collaborative way. It requires us to work through a multi-pronged, whole of society approach, that also tackles also the social determinants of health (SDH) that affect children.

COMMUNICABLE DISEASES: HIV/AIDS AND TB

Honourable Members, the objective of communicable disease control is to stop the transmission of a causative agent so that no new individuals will become infected and be at risk of developing the disease.

HIV/AIDS

Honourable Speaker, despite significant progress towards HIV control, the incidence remains high, especially among key populations, women and other priority populations.

Whilst our testing programme is reasonably successful, once identified as positive, we are still losing far too many that have been started on Anti-Retroviral Therapy (ART) treatment, the so-called Lost to Follow-up (LTFU) group. This then impacts the treatment success rate but also means that there is a risk of spread of the disease when a LTFU individual does not attain viral suppression.

In the current period under review, the department has:

- Tested one million, six hundred and twenty-three thousand, four hundred and fifty-one (1,623,451) clients
- Enrolled six hundred and sixty-four thousand, three hundred and sixty-eight (664,368) clients on antiretroviral therapy and they have remained in care and

POLICY & BUDGET SPEECH - 2025/26

- 85.1% of these adults have their viral loads suppressed. This is a positive trajectory in the HIV cascade

We need to consolidate our efforts towards children under 15 years, where by the end of the third quarter of 2024/25, we attained 83% - 67% - 73%, meaning that:

- We tested and ensure that caregivers and 19,852 children know their status
- Had placed 13,414 children on ART and
- 6,641 children had their viral load beneath 1,000 copies per millilitre

Honourable Members, when someone with HIV is virally suppressed, it signifies that their HIV viral load has been reduced to a level where it is undetectable by standard blood tests. This is significant because a person with an undetectable viral load cannot transmit HIV to others, sexually.

It is important to note that viral suppression does not mean that the person has been cured of HIV, as the virus remains in the body.

It is therefore crucial for people with HIV to continue taking their ART medication as prescribed, to maintain viral suppression and prevent the viral load from rebounding. We encourage and **welcome back** any PLWH back into our treatment programmes, so that we can assist them to lead healthier, longer, more fulfilled lives.

Honourable Speaker, to mitigate the increase of new infections, the department consolidated our HIV/AIDS and TB prevention strategies.

In the past year, we implemented HIV prevention activities, targeting key populations. We conducted training to sensitise these populations and inculcate prevention behaviour.

The department further coordinated the festive season condom blitz, targeting taxi ranks, taverns and hard to reach areas. During the blitz, 282 000 Male condoms, 4 300 Female condoms, 6 000 Lubricants and 500 finger cots were distributed.

The Department distributed around 15,5 to 18 million condoms per quarter in 2024/25.

Honourable Speaker, the recent “executive orders” by the United States of America that withdraw foreign aid to the Developmental Partners funded by USAID, was a rude awakening as key staff and technical support was abruptly withdrawn. The Eastern Cape

benefited from around R435 million US Grant funding with 91% spent at facility level; 68% was allocated to Care and Treatment and 23% to prevention services.

There was a total of 1,354 USG-funded posts across the province, of which 600 are in the OR Tambo, followed by 380 in BCM and 374 in Alfred Nzo. This withdrawal of staff left an immediate vacuum that potentially can have a negative impact for these employees of the Developmental Partners as well as on our patients.

We have three hundred facilities in six of our districts that received PEPFAR funding. The impact is likely to be significant in Alfred Nzo and Buffalo City Metro where all funding has stopped, with the other Districts have some funding until September 2025.

Notwithstanding the shocking picture painted above with respect to the Presidential orders and the PEPFAR-fund, government will continue to provide ARV's and we shall pursue our aspirations in this programme. Our National Department and Treasuries are moving to support the provinces to fill the funding gap in the year ahead.

We will continue with the Joint United Nations HIV/AIDS 95-95-95 strategy. The Department has developed the Eastern Cape contribution to the national 1.1 million Gap Catch up plan. We aim to enrol one hundred and forty-eight thousand, three hundred and twenty-two (148,322) patients through the following strategic interventions:

- Sexually Transmitted Infections (STIs) screening, case identification and treatment
- Targeting hot spots – High transmission areas
- Providing youth friendly services - sexual reproductive health
- Accelerating HIV case finding – testing and initiation
- Maintaining the current Total Remaining on ART – retention and adherence
- Promote Advocacy, Communication and Social Mobilisation (ACSM).

TUBERCULOSIS

Tuberculosis is still one of the leading causes of death in Mpuma Kapa. During the period under review, the All-Drug Sensitive – TB client death rate is at 6.1% against a target of less than 5%.

Notwithstanding the death rate setback, the All-Drug Sensitive – TB client treatment success rate is at 75.7% compared to 72% in 2023/24 financial year during the same period.

During this past financial year, we have introduced a TB test for children 5 years and older, using the Nucleic Acid Amplification Test. The department has managed to test ninety-three thousand, nine hundred and eighty (93,980) against a target of eighty-one thousand, eight hundred and sixty (81,860).

HIV/AIDS and Tuberculosis are co-joined, Siamese twins that must be tackled collaboratively by all sections of society.

The country and the province have invested huge material, human and financial resources in averting the devastating and negative impact of HIV/AIDS and TB. We have given hope and resilience to the vulnerable and destitute. We have reached a point of no return – Batho Pele – Abantu kuqala.

NON-COMMUNICABLE DISEASE

Honourable members, Non-communicable Diseases (NCDs), also known as chronic diseases, are long-lasting conditions, not caused by an acute infection, and are a major global health concern, responsible for a large percentage of deaths worldwide.

The main types of NCDs include cardiovascular diseases (heart disease, stroke), cancers, chronic respiratory diseases (asthma, COPD), and diabetes. Other important conditions include mental health disorders, injuries, and disabilities.

These conditions are important in public health policy because of their high burden on individuals, healthcare systems, and economies, and because many are preventable through lifestyle changes and targeted interventions.

MENTAL HEALTH SERVICES

Madam Speaker, the society and the work life expect “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” and add value to economy development.

It is imperative that we adopt a holistic approach to healthcare, integrating mental health services into our primary care systems. By doing so, we can address the rising rates of

mental health issues and provide comprehensive support to our citizens. The department has embarked on a process of integrating mental health services into Primary Health Care.

To date, the department has implemented a comprehensive train the trainer mental health training programme - a total of six hundred and eighty-four (684) health professionals went through the programme.

Honourable members, it is ordinarily very difficult to attract psychiatrists to the public sector in South Africa. I am pleased to announce that the department has appointed two Psychiatrists in Fort England Tertiary and Komani Psychiatric hospitals; and 5 Psychiatry Specialised Professional Nurses at Fort England. These interventions are a small contribution but a step in the right direction as Komani had one psychiatrist in 10 years.

The appointment of Psychiatrists in the province will strengthen the teaching and training platform where medical registrars will be trained.

To improve specialist mental health care, the department has procured an Electro-Convulsive Treatment machine. Electro-convulsive therapy (ECT) machines offer rapid and effective treatment for severe mental health conditions like depression, bipolar disorder, and psychosis.

It is effective particularly when other treatments have failed, has a high success rate and minimal long-term side effects when administered properly. Our investment in cutting edge treatment modalities demonstrates our commitment to provide the best possible care to our people.

EMERGENCY MEDICAL SERVICES

Honourable Members, Emergency Medical Services (EMS) plays a critical and important role in assisting communities to access health care services. In the period under review, we have undertaken the fleet replacement initiative, where fifty-seven (57) replacement vehicles were procured.

Out of the fifty-seven (57) vehicles, thirty-six (36) were replacement ambulances, sixteen (16) were Planned Patient Transport, whilst five (5) were response vehicles.

POLICY & BUDGET SPEECH - 2025/26

For the first time, the department has introduced twenty-two (22) vehicles into its fleet of ambulances and Planned Patient Transport vehicles, marking a milestone in its operations.

The department has further procured the aeromedical service with its three helicopters stationed at key points across the province.

During the period ending December 2024, the three (3) Aeromed helicopters responded to four hundred forty-three (443) priority I cases (approximately, 60% Obstetric, and 40% trauma and other medical emergencies). These are cases mainly from the rural and remote areas of the province.

The aeromedical fleet flew a total of 527 hours around the province up to the end of December 2024.

The service remains fully functional and continues to play a vital role in providing pre-hospital care and transporting patients from remote rural areas to regional and tertiary medical facilities. Their ability to swiftly access hard-to-reach locations significantly improves emergency response times, ensuring that patients receive prompt medical attention.

We plan to attend to the challenge of EMS broken vehicles staying for many months without being fixed. Already the Service Level Agreement has been amended so that we are not billed for vehicles that are not being repaired within the acceptable turnaround time. Similarly, the fleet will be adapted to better match the available staff with an adequate buffer to cater for the inevitable breakdowns that we unfortunately experience traversing our rural terrain.

EMS Priorities

In the 7th administration the department has identified the shortage of ambulances as an impediment to realise the vision and mission of the organization. The department has identified key interventions to improve access and availability of emergency medical services to the communities of the EC.

Over the medium term, the department has set a target to add 300 staff members in the category of emergency care officers, registered with the Health Professions Council of South Africa. The additional staff will be responsible for primary / pre-hospital cases in the community. The total investment in staffing is R216,6 million over the medium term.

POLICY & BUDGET SPEECH - 2025/26

The department currently has a total fleet of 427 ambulances, serving the population of more than 90% of the 7.2million residents of the EC province, dependent on public health services. According to the national norms, the province is required to have around 650 ambulances dedicated to pre-hospital EMS.

This is one reason behind limited access to ambulance services in our communities. During this term, the department will bring an additional 95 ambulances into the provincial ambulance fleet.

We are working with our colleagues in the Department of Transport to ensure that our ambulances are suitable for our road terrain, and they are maintained and repaired in the shortest possible time when they breakdown. The total value of the investment is R68,4 million.

The Department welcomes the improvements in the road infrastructure presented to the House by the Honourable MECs for Provincial Treasury and Transport, respectively, in their budget and policy speeches. This will assist us to reach our communities with better ease and decrease the wear and tear on our vehicles, as we conduct outreach and respond to the healthcare needs of our communitiies in even these hard to reach areas.

Madam Speaker, allow me to express our condemnation of brutal and horrendous attacks directed at our ambulance staff by criminals residing within our communities. This unfortunate behaviour puts pressure on a strained system and induces untold suffering to our employees, spilling over to the community at large.

We implore the Community Police Forums, Governance Structures and South African Police Service to protect the communities and government employees who discharge the basic essential services to needy individuals and communities.

FORENSIC PATHOLOGY SERVICES

The department is running pathology services to investigate unnatural deaths, perform autopsies, identify the deceased, determine time of deaths, gather evidence, testify in court and interpret injuries.

The pathology services is a stress inducing environment, its professionals are affected by the conditions of burnout and stress. Our employees are referred to departmental

wellness programme to address the psychosocial needs and improve their psychological being.

We are faced with the challenge of unclaimed bodies in departmental mortuaries. The department has an integrated approach with relevant stakeholders like COGTA (municipalities) and South African Police Services regarding pauper funerals. We await these municipalities to confirm that they are ready to conduct pauper burial.

Since the 1st of September 2024 to date, the department of health has released 122 bodies to the municipalities for pauper burial. In addition, the department is ready to release another 263 bodies for further burial by various municipalities.

It should be noted that processes that lead to pauper burial is complex and requires SAPS to give permission for the burial to be done by municipalities; hence to date, we have 181 bodies awaiting statements to confirm pauper burial from SAPS.

We will continue to work with both SAPS and the municipalities to ensure we manage the remaining unclaimed bodies in our mortuaries.

We would like to appreciate those municipalities that have assisted us to bury paupers in the last year, and we call upon all municipalities to continue working with us to eliminate the backlog of pauper burials in the year ahead.

SOCIAL MOBILISATION & GOVERNANCE STRUCTURES

Madam Speaker, the White Paper for the Transformation of the Health System in South Africa, 1997 established twelve principles on how to transform the health system.

“Community participation” is one of the fundamental principles in the founding white paper regarding the important role of communities in the governance of public health.

We have established a democratic and transparent process of recruitment and selection of clinic committees and hospital boards. We are concluding this process as per the requirements prescribed by the Clinic Committees and Hospital Boards policy by the end of May 2025.

The Department is pulling out all stops to ensure that the members of the governance structures are paid their stipends, as prescribed in the provincial policy. To date, we have paid R717,500 during the 2024/25 year in this regard. Any outstanding stipends will be finalised to be paid by the end of May 2025

The new governance structures, when elected, will be inducted, like their predecessors, so they are fully oriented on their role and responsibilities. They will be equipped to run meetings, fund-raise and support the clinics and hospitals to interact with the local communities.

INFRASTRUCTURE REVITALISATION

Honourable Members, the agenda of the African National Congress-led government in pursuit of having an excellent clinical infrastructure, continues to construct facilities to serve the people of this province as mentioned by the President and the Premier in the SONA and SOPA, respectively.

The programme on infrastructure aims to improve access to health care services through the provision of new health facilities, upgrading and revitalisation as well as maintenance of existing facilities, including the provision of appropriate health care technology.

District Development

Honourable Members, to realise the aims and objectives of Universal Health Coverage, the department is intensifying the construction and repurposing of health facilities. As we speak, the following hospitals are **under construction** because modernisation, improvement and maintenance of health facilities is also equally important:

- Bambisana (value: R628 million)
- Zithulele (value: R1,068 billion)
- Madwaleni (value: R560million)

Procurement of a contractor for **upgrading and improvements** to Uitenhage hospital is currently at the last stages of procurement.

A construction of the new fencing at Dora Nginza commenced in the last financial year at a value of R36million as phase I. The contract was awarded in December 2024 for the 2nd

phase of the project which will address the 72-hrs observation, Casualty and Centres of Excellence at a value of R64,56million.

The department in the pursuit of strengthening the health system, has finalised the procurement process for the building of Cwele clinic and Greenville hospital – the first phase is estimated to cost R150 to R200m. The award letters have been issued to the successful bidders and site handovers for both facilities are scheduled to be undertaken by April for Greenville, and by May 2025 for the Cwele site handover.

Madam Speaker, the department has also prioritised the converting Lusikisiki clinic into a Community Health Centre in the MTEF.

Honourable Members, we continue making our districts construction sites, with some highlights by District as follows:

- In **Amathole** district, the construction of Balfour clinic, and the renovation of SS Gida hospital (81% progress in general repairs and renovations).
- In **Buffalo City Metro**, the completion of the remaining work for construction of the fences (NUI, NU3, NUI3 & Tshabo clinics) and guardhouses at various facilities (Newlands, Potsdam, Tshabo, NUI7, NUI, NU3, and NUI3 clinics).
- In **Chris Hani** district, the department is repairing and renovating accommodation for Health Professionals at Frontier hospital including nursing students' accommodation. The project will be completed in August 2026.

A new wastewater treatment plant is being installed in All Saints hospital and Haytor clinic is undergoing infrastructure improvements including civil and electrical works.

- In **OR Tambo** district, the contract has been awarded to complete the renovations and alterations to the Medical Depot, and to the Nurses Home to accommodate the Lilitha College of Nursing students. The project is currently at 24%.

In Flagstaff, the department is constructing phase I Health Professionals accommodation.

The construction of the Oncology unit in Nelson Mandela Academic hospital is progressing well and due to be completed in 2026/27 financial year.

Minor maintenance has been conducted to improve Port Elizabeth, Queenstown and Lusikisiki colleges and further assessments are being conducted to the rest of the Lilitha College of Nursing for improvements

To improve the effectiveness and functionality of our health facilities, **scheduled maintenance and machinery replacement** contracts have been awarded, whilst another ten (10) maintenance contracts are on evaluation stages.

These contracts are implemented to ensure effective and efficient functionality of generators, boilers, lifts, laundry equipment and all critical and life support equipment that are crucial to the functionality of the health facilities.

Responsiveness to Climate Change

Madam Speaker, the **climate change** has brought untold stress and suffering amongst health facilities and local communities.

We have allocated R32million (around 2% of our annual infrastructure budget) towards disaster management whilst also applying to the national Disaster Relief fund for additional funds. The Department has already received the first tranche of R10m out of the R128million that we applied for nationally.

Seventeen (17) affected health facilities in BCM, Sarah Baartman, Chris Hani and Amathole have been assessed, and the procurement processes will commence in this new financial year to address the damages in these facilities.

The R32 million that has been budgeted in the 2025-26 financial year will support the repairs to Canzibe hospital, Isilimela and Gonubie, Zanempilo and Ngangelizwe clinics that were amongst the affected facilities.

A contractor has been awarded for Nkqubela hospital to address the roof damages due to climate change at an amount of R11,6m. Site handover is scheduled for April 2025.

The department has drafted an implementation plan to **minimise the negative impact of drought** in many health facilities by supplying Jojo tanks, water pumps, bore holes and quality water to avert outbreak of water-borne diseases and promote good hygiene.

We are exploring **Alternative Building Technologies (ABT)** as a means of mitigating the negative effects of climate change and the costs associated with long construction periods.

Facilities that are benefitting from this project include: Ntshela, Ntsimbini, Rodana, Zwelakhe Dalasile and Ntlangaza clinics in OR Tambo district, and the Tsomo clinic upgrade, just to mention a few.

ABT is also used to increase satellite clinics and health post in the Chris Hani and other districts. Construction is anticipated to commence on the Goodhope clinic in OR Tambo in the third quarter of the 2025/26 financial year, through a development and construction procurement strategy.

Honourable Members, notwithstanding the challenges we face, but we are a department that is at work to improve the lives of our people. Through our infrastructure Expanded Public Works programme (EPWP) and construction projects, we have **created 1,631 work opportunities** in 2024/25 – 1,366 for youth, 256 for women, and 9 for disabled persons.

MEDICAL TECHNOLOGY

The department continues to invest in critical and life support equipment. Existing infrastructure is upgraded to suit new technologies and the latest equipment for patient diagnosis and treatment.

An investment of **R30,8million** has been made to improve **radiology services** at the following facilities: Victoria, Settlers, Port Alfred, Fort Beaufort hospitals and Port St Johns CHC.

A further investment of more than **R 13million** was made to improve **orthopaedic services** in various facilities. Orthopaedic equipment (C-arms) and consumables were procured for Frontier, Dora Nginza, Butterworth and Adelaide and Oliver Tambo hospitals.

Oral health services have been improved at just over **R3,6million**, in primary healthcare facilities with the procurement of the latest digital dental equipment.

In the year ahead, for 2025/26, the department will continue to strengthen the availability health technologies with a focus on all levels of care:

- **R49million** will be spent on **radiology equipment** in health facilities including a CT-Scan for Dora Nginza and five (5) Digital X-Ray machines for hospitals, like Martjie Venter, and community health centres.
- **R14million** will be spent on supporting various health programmes with new health technologies to improve healthcare provision. These benefitting programmes include the decentralization of Orthopaedic surgery, mother and childcare, and the Ideal Health Facility Realization and Maintenance.
- **R50million** will be directed to the **maintenance** of existing health technologies with the assistance of the contracted original equipment manufacturer (OEM), accredited service providers and departmental clinical engineering staff.

Honourable Members, I would like to take this opportunity to appreciate our partners, the Church of Latter Day Saints (LDS) and the Clinton Health Access Initiative for their donations of audiology screening and diagnostic equipment.

In addition, LDS is also opening wheelchair repair centres, starting at PE Provincial in Nelson Mandela Bay.

These partnerships and donations help our rands stretch that much further and we welcome any organisations who would like to partner with us in helping our communities.

HUMAN RESOURCES FOR HEALTH

Honourable Members, Human resources (HRH) are vital for public health, and their effective management is crucial for delivering quality, accessible, and equitable healthcare services.

Globally, and in our country, challenges include workforce shortages, inequitable distribution, and inadequate training, while approaches to improve HRH include investing in training, promoting retention, and ensuring equitable resource allocation.

POLICY & BUDGET SPEECH - 2025/26

Honourable members, it gives me pleasure to report that in the past financial year 2024/25, the department managed to appoint 15 medical specialists in various clinical domains within tertiary and regional levels of care. The appointments are aimed at addressing surgical backlogs, and strengthening our capability child and maternal care.

We have also appointed 65 medical doctors, who are placed, predominantly, at our rural health facilities, strengthening our primary healthcare and hospital services to those most in need.

Our province has been seeking solutions to strike the balance between the shrinking public fiscal and ensuring that there's improved clinical care. Hence, we have made available R340 million for the appointment of various clinical categories at tertiary level of care, through the National Tertiary Services Grant (NTSG).

These categories consist of 28 medical specialists, 53 specialists nurses, 10 Allied health professionals totalling to 91 appointments to be done in the financial year 2025/26.

These appointments will enhance our efforts to conduct outreach services and support to the referring hospitals.

Honourable Members, we are a department hard at work and adding value to the lives of the people of Mpuma Kapa. The Health Sciences and Training cluster is responsible for developing a capable health workforce for the Eastern Cape provincial health system, as part of the quality people value stream.

Investing in EC Youth Training and Development for Health

We are committed to expand educational opportunities for the Eastern Cape population and create a pool of skills for future recruitment and selection.

During the 2024/25 financial year, the department:

- Supported one hundred and eighty-three (183) students studying various health sciences degree at South African universities.
- Is still supporting twelve (12) medical students under the Nelson Mandela – Fedel Castro Medical Programme
- Awarded two hundred and sixty-one (261) bursaries to internal working employees to improve their skills and competencies.

POLICY & BUDGET SPEECH - 2025/26

In the 2025/26 financial, as part of skills transfer and job creation, the department has placed four hundred and thirteen (413) youth in its database into learnerships and internships.

These programmes are funded through the Health and Welfare SETA (TVET Learners, Basic Pharmacy Assistants & Post Basic Pharmacy Assistants) and the Expanded Public Works Programme (EPWP) - artisan apprentices.

STRENGTHENING THE ACADEMIC PLATFORM

Transforming Nurse Education and Training

Madam Speaker, with the changing educational landscape, the four-year nursing diploma is being phased out, with the last cohort remaining. I am proud to announce that we have four hundred and forty-one (441) newly qualified four-year comprehensive diploma in nursing at Lilitha College of Nursing.

We place nurses for “community service” in our health facilities to improve staff coverage and strengthen service delivery and access:

- 585 nurses were allocated to the EC in 2024/25 with
- 476 of these having qualified at our own Lilitha College of Nursing
- 232 community service nurses have been allocated to the EC to commence in this new financial year

We have introduced a new three-year nursing diploma, since 2023. In 2025, the Lilitha College of Nursing has recruited a new cohort of two hundred and seventy-six (276) 1st year students in its five (5) campuses around the province.

Expanding the Academic Teaching & Training Platform

The department continues to expand the teaching and academic platform working in collaboration with the Walter Sisulu and Nelson Mandela universities.

We recognise and appreciate the Deans of the Health Science Faculties and our Medical Schools who are in the House today and those in absentia.

We have established Memoranda of Understanding (MoUs) that govern Joint Appointments for the medical schools.

Walter Sisulu University Partnership

In its mission of delivering high quality sustainable healthcare to the rural underserved communities, Walter Sisulu University is accredited to train Registrars (doctors training to become specialists) and thus contribute to better health outcomes for vulnerable populations of the Eastern Cape.

Through the Human Resources Training Grant, the ECDOH has funded 60 new Registrars who started training in 2025. This brings the total number of Registrars in training to one hundred and ninety-two (192).

This government has invested significant resources to develop specialist services within the Mpuma Kapa province. In 2024, twenty-five (25) medical specialists qualified in Family Medicine, Psychiatry, Internal Medicine, Obstetrics and Gynaecology, Anaesthesia, Radiology, Paediatrics, Emergency Medicine, Surgery and Maxillo Facial specialities.

They will be admitted as Specialists in the College of Medicine of SA at the Admission Ceremony in Mthatha on the 15 April 2025.

The Department of Health, Walter Sisulu University's Faculty of Medicine and Health Sciences, in partnership with the department, is establishing a rural clinical school in Lusikisiki. St Elisabeth's Hospital will be an integral part of this academic platform.

Nelson Mandela University Partnership

In the year under review, the department has appointed five Academic Clinical Heads of Department (Family Medicine; Internal Medicine; Obstetrics & Gynaecology; Paediatrics and Child Health; Public Health at the Nelson Mandela University Medical School (NMU).

The Nelson Mandela University's first cohort of Mandela Doctors are in their 5th year in 2025/26. They have started their clinical training in our facilities, being placed at Letitia Bam and Zwide clinics in the Metro. In 2026, the final year students will also extend to Sara Baartman District.

Taking students to decentralised training sites has benefits for communities, as the students are accompanied by their specialists who then bring the needed skill to under-served communities.

This displays our commitment as a department and government in ensuring that the NMU Medical School is fully accredited by the Health Professions Council of South Africa to allow the 1st cohort of medical students to graduate within the prescribed period.

University of Fort Hare

The University of Fort Hare is working on accreditation for Allied Training and has already produced 28 Speech Therapists, with 13 graduating this year in May 2025. These are needed for the Cerebral Palsy Centres of Excellence meant to curb Medico-legal claims. The Department is greatly appreciative of these structurally-integrated partnerships that we have with our universities.

Honourable Members, bearing testimony to the collegiate relationship we enjoy with them, are the Executive Deans of the medical schools and health faculties in this house today –Professor Chita of WSU; Dr Morar, of the NMU medical school; Professor Cilliers of Fort Hare; and Professor Khamanga of Rhodes University.

We would like to assure them and the house that we remain committed to broaden and deepen these academic partnerships. We are confident that they will help us improve evidence-based patient care delivery and help create a stronger foundation for generating new clinical knowledge, thus improving patient outcomes in our province.

TABLING OF THE STRATEGIC PLAN

The Medium-Term Development Plan (*MTDP*) has set the following priorities in the 7th term of government. The department is committed to implementing its outcomes as encapsulated in the 2025-2030 Strategic Plan, summarised as follows:

Maternal, Women and Child Health

- Maternal Mortality reduced to 100/ 100 000 live births.
- Neonatal (*under 28 days*) deaths reduced to 10/1000 live births.
- Death under 5 years against live birth reduced to less than 2%.

Communicable Diseases

- AIDS-related deaths reduced by implementing the 95-95-95 UNAIDS strategy.
- TB Mortality reduced by 10%.
- Reduce TB incidence by 10%.

Non-communicable Diseases

- Morbidity and premature mortality due to non-communicable diseases reduced.
- Promotion of healthy lifestyles and reduce the burden of disease Systems Strengthening
- Financial Management strengthened in the health sector.
- Approved costed HRH Strategy to create a shared vision to realise NHI.
- Medico-legal claims reduced.
- Improved connectivity in health facilities.
- Improved Patient Experience of Care.
- Quality of health services improved.

2025 Budget and Programme Allocation

Madam Speaker, for the 2025/26 financial year, the department has been allocated Thirty-One Billion, Six Hundred and Fifty-Two million, Six Hundred and Eighty-Two Thousand (R31,652,682) which is broken down per programme and economic classification as reflected in table 1 below:

Table 1: 2025/26 budget allocation by programme and economic classification

PROGRAMME		ALLOCATION R `000
Prog 1	Administration	888,753
Prog 2	District Health Services	15,773,326
Prog 3	Emergency Medical Services	1,638,706
Prog 4	Provincial Hospital Services	4,701,833
Prog 5	Central Hospital Services	5,760,414
Prog 6	Health Sciences and Training	1,186,843
Prog 7	Health Care Support Services	248,101
Prog 8	Health Facilities Management	1,454,706
TOTAL		31,652,682

ECONOMIC CLASSIFICATION	ALLOCATION R `000
Compensation of Employees	21,187,150
Goods and Services	8,531,178
Transfer and Subsidies	311,256
Payment of Capital Assets	1,623,098
TOTAL	31,652,682

CONCLUSION

Honourable Speaker, in the words of Dr John Maxwell, we understand people's self-identity, meet them where they are, and build connection with them first before we try to get them to follow us or buy into the vision of where we want to go.

We understand that community participation is fundamental to the design and delivery of public services. We will engage our stakeholders to promote transparency, build trust and entrench mutual beneficence and respect.

Honourable Speaker, we are overwhelmed by the generosity of all our partners who have donated mobile vehicles, medical equipment and various items like wheelchairs in support of our efforts. These go a long way in helping meet the needs of our communities in the face of severe financial constraints.

We are encouraged by the commitment of the department of health employees who toil under difficult conditions but continue to act in faith and through oath of office. We thank them unreservedly.

We also want to recognise and appreciate the partners who assisted us in celebrating doctors' day. They helped us lift the spirit of this cadre and we look forward to future celebrations that recognise the contributions of all our staff.

I express my sincere appreciation to the Head of Department Dr Rolene Wagner and her leadership collective for their hard work and commitment in compiling the inputs for the

POLICY & BUDGET SPEECH - 2025/26

five-year Strategic Plan, Annual Performance Plan, Operational Plan and Service Delivery Improvement Plan.

I am also grateful to the commitment and cooperation we receive from the social partners in discharging our departmental mandate – our admitted unions (Denosa; Hospersa; Nehawu; Nupsaw and PSA) and our stakeholders such as the South African Medical Association.

We are sincerely grateful to the developmental partners, philanthropic organisations and donors for their contributions in pursuit of optimum health for all people of Mpuma Kapa.

The ethos of Batho Pele - Abantu kuqala is the guiding principle that must be understood and felt by the users of health care in Mpuma Kapa.

South Africa belongs to all who live in it.

Honourable members, we are highly appreciative of the oversight role played by the Eastern Cape Legislature and the unwavering support of the Executive Council led by the Honourable Premier.

Madame Speaker, I present and table for consideration and approval by this august house of the people:

- 2025/ 2026 Eastern Cape Department of Health Policy and Budget
- 2025/ 2026 - 2029/2030 Strategic Plan
- 2025/ 2026 - 2029/2030 Service Delivery Improvement Plan
- 2025/ 2026 - 2027/ 2028 Annual Performance Plan
- 2025/ 2026 Operational Plan

Ndiyabulela

Thank you

Ke a leboha

Baie dankie



*Thank
You*

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