

**DEPARTMENT OF HEALTH, BUDGET VOTE 5 SPEECH FOR 2021
/2022 DELIVERED BY THE MEMBER OF THE EXECUTIVE COUNCIL,
HONOURABLE MONTSE'NG TSIU; 25 MARCH 2021**

Honorable Speaker, Ms Zanele Sifuba;

Honorable Deputy Speaker, Ms Lucy Mapena;

Honorable Premier of the Free State Me Sisi Ntombela;

Provincial Chairperson and the Deputy Chairperson of the ANC;

**Honourable Colleagues from the Executive Council and the
Legislature;**

Executive Mayors, Mayors, Speakers and Councilors;

**Director General, HOD's, Municipal Managers, Senior Managers
from Provincial Departments and Municipalities;**

District Directors and Hospital CEOs;

Health Governance Structures;

Corporate Sector and our Partners in Health Provision;

Members of Organized Labour;

Members of the Media;

Members of the Community and the House at Large;

**My gratitude goes to everyone who is in attendance to this
seating via different virtual platforms and those listening and
watching from a distance.**

It is with great pleasure and privilege that I address this august house to
table Budget Vote 5 of The Department of Health. This budget speech for

the financial year 2021/ 2022 is also dedicated to the people of the Free State on whose behalf I stand in this house with great humility. This budget vote is presented right in the middle of a difficult battle against the COVID-19 pandemic. This intrusive and invasive disease has disrupted all aspects of our lives including how we conduct the business of health service delivery. A considerable portion of the budget of the Department is allocated towards fighting the pandemic whilst the department is expected to deliver normal services in response to the health care needs of our communities.

We remain steadfast on the provision of seamless patient-centered health care services that add value to human life.

Myself, as a product of the working class, I am focused on the total emancipation of the previously disadvantaged and oppressed masses of our country. I purposefully steered the ship towards meeting the health care needs of the poor masses of our province.

We have to assert that health care provision is a fundamental human right for all people in our country which must be promoted until the attainment of universal access to health care as enshrined in the Constitution of the Republic of South Africa. We are intentionally biased towards promotion of District Health Services, based on Primary Health Care (PHC) approach in line with the District Based Development Model.

Primary Health Care (PHC) is the service delivery model through which we deliver a comprehensive, accessible, affordable health care services. At the pinnacle of our health service delivery model is the prevention and promotion strategy in contrast to expensive hospital based curative interventions and procedures.

Madam Speaker, Our constant engagements with the Free State communities through 'Taking Primary Health Care to the People' campaign in collaboration with our sister departments in government, health care partners and the civil society in general continues. We acknowledge the formidable partnerships with the National Department of Health (NDOH), World Health Organization (WHO), National Institute of Communicable Diseases (NICD), University of the Free State (UFS), Central University of Technology (CUT), Right to Care (Rtc), the Red Cross Society, UNICEF and many other stakeholders, especially those who helped us in the fight against COVID-19.

We wish to express our gratitude to our partners for the sterling and invaluable support they gave us during these difficult times of the pandemic. We are looking forward to fortified and much more productive partnerships in future.

The 2019/ 2020 financial year has been difficult and was exacerbated by the COVID-19 pandemic which presented with mild to severe adverse effects on our health system. This budget speech today marks the beginning of a new chapter in the government's fight to eradicate unemployment, poverty and inequality that is prevailing in our society.

Together with the people of the Free State, we are ready to write the new chapter in our province's history books. We will wage these struggles side by side with our people as we *#Building the Free State we want!*

We did everything possible to wage the struggle against poverty and the burden of diseases that is ravaging our communities, especially

communicable diseases. The pandemic such as COVID-19 caught us unexpectedly and left us with a bitter pill to swallow.

Madam Speaker, The advent of COVID-19 in our province presented really formidable risks to the health system and the lives of our people, which necessitated our swift response to face the impending challenges head-on.

The first confirmed COVID-19 case in the province was reported on the 16th of March 2020, followed by five imported cases two days later. Aggressive response strategies were employed to track all the potentially infected contacts.

Amongst others, further response entailed the following:

- As of April 2020, we conducted a rapid audit of each health facility with a view to determine their needs to be ready to screen, test, and at least provide short term quarantine or isolation where needed
- Screening and active case finding at all health care facilities, with all potential entrants, including the health care staff, patients and visitors being screened prior to entry. We partnered with the World Health Organisation (WHO), Right to Care, Red Cross Society, University of the Free State in expanding our screening effort throughout the Province.
- With screening and testing being conducted at all Health Care Facilities, all screen-positive individuals were tested in the designated, testing areas in partnership with the NHLS.
- Temporary quarantine, in collaboration with sister government departments, was provided for all persons under investigation (PUIs) and all COVID-positive patients isolated in designated, dedicated state

health care facilities. All the districts repurposed COVID-19 beds for patients with mild to moderate disease, while all the COVID-Positive patients with complex co-morbidities and severe symptoms were admitted to the dedicated treatment units in the Universitas - Pelonomi Academic Hospital Complex.

- Refurbishments and upgrades were done to increase the bed capacity for COVID-19 at the health facilities were divided into the following clusters:
 - **Cluster 1**: Universitas Hospital House Idahlia and Basement Parking and Pelonomi Hospital MANCOFS Halls
 - **Cluster 2**: Botshabelo Hospital Dr JS Moroka Hospital and Pelonomi Hospital M Block
 - **Cluster 3**: Bloemfontein Showgrounds
 - **Cluster 5**: Winburg Hospital, Bongani Hospital and Thusanong Hospital
 - **Cluster 6**: Boitumelo Hospital and Tokollo Hospital
 - **Cluster 7**: Mantsopa Hospital and Seniorita Ntlabathi Hospital
 - **Cluster 8**: Mofumahadi Manapo Mopeli Hospital, Nketoane Hospital and Elizabeth Ross Hospital
 - **Cluster 9**: Dihlabeng Hospital, Phekolong Hospital, and Itemoheng Hospital

Madam Speaker, The foregoing interventions ushered us to the current situation, as of yesterday the numbers were as follows:

- A total of **82 308** confirmed cases to date;
- **77 267** recoveries; which is translated to 94%
- There are **1 466** active cases

- As at yesterday a total of **7 503** inpatients were treated in public and **6 104** in private hospitals
- **3 575** people have unfortunately succumbed to the pandemic.

We have begun to implement the COVID-19 vaccine roll-out plan that targets the coverage of **67%** of the total Free State population in order to achieve herd immunity. The vaccination of healthcare workers is aligned to risk stratification and the recommended categories, with schedules being specific to the target population within each local area.

To meet our target of **1,9 million** people of the Free State that must be vaccinated over a 12-month period. As at yesterday, we have vaccinated a total of **14 313** health workers in the Province. As a matter of fact, we are currently rolling out our vaccination plan at Elizabeth Ross and Dihlabeng Hospitals here in Thabo Mofutsanyana District.

Madame Speaker, I could never over-emphasise the need for the rest of the people of Free State Province to get vaccinated.

Indeed, we reasonably managed to contain the spread of the virus and managed to put the disease under control despite various waves and variants we went through. We are gathered here today to make a policy statement and renew our social compact with the society for the financial year ahead. In order for us to respond to the needs and aspirations of the people of the Free State, we are guided by and fully espouse the vision of life expectancy of 70 years for South Africans by 2030, as articulated in the National Development Plan.

Madam Speaker, The overall budget of the department will be utilized for delivering health services in the province including adapting national

policies to the needs of the province. These include development of rural health facilities and the staff attached thereto. We also have to manage the budget allocated to the department through both the equitable share and the national funds, i.e. Conditional Grants.

The total allocation for 2021/ 2022 financial year is R12,135 billion

The department is organized into eight (8) budget programmes listed below:

Programme 1: Administration is allocated R268,705 Million

It is responsible for the administration conducting strategic management for the department and its routine administration. The priority for this financial year is to implement the new organogram and fill the vacant critical posts.

In 2020, the department embarked on a process of reviewing the organizational structure in an effort to respond to service demands of providing patient centered quality health care services to the people of Free State. The structure is being consulted with the key stakeholders and will be submitted to DPSA for approval upon finalization of the consultation process. The organizational structure will be implemented progressively to address the challenges of funding.

Secondly, the department took into consideration issues raised by the Auditor General of South Africa, especially around irregular expenditure. We have developed a plan to address the qualification paragraphs that

were raised by AGSA pertaining to irregular expenditure, misclassifications of Goods and Services and Capital Assets.

In order to succeed we have identified the need to strengthen by internal controls, consequence management and to mitigate the risks. This will improve the effective utilisation of public funds.

Madam Speaker, Our biggest concern remains medico-legal litigations and financial losses and claims incurred in particular from Cerebral Palsy cases. This condition, marked by impaired muscle coordination (spastic paralysis) and/ or other disabilities, typically caused by damage to the brain at birth. This is an area of concern to us and demands thorough investigations and the causes related thereto. The department has developed a strategy to limit the impact of contingent liabilities which include the implementation of alternative dispute resolutions mechanisms and the provision of health care services for children with cerebral palsy in the department.

Human Resource Management and Technology

The staff establishment of the department consists of **22 723** posts, of which **17 254** are active and filled. During this financial year the department has been able to appoint **5 870** at the cost of **R802,086 million**.

Focus will be on improving Employment Equity in the Department. The new Organizational Culture, Change Management on Leadership and Management Development will be our critical success factors. Accelerated Programs for women empowerment will be prioritized to address the

shortage of scarce and critical skills in the Department. The framework to migrate employees to the new structure will be developed.

Occupational Health and Safety, as one of the areas of concern during the COVID-19 pandemic, was sharply raised during our engagements with organized labour. Occupational Health and Safety Committees were established in all our facilities. We shall therefore leave no stone unturned in ensuring their functionality and effectiveness.

In order to strengthen primary health care, the department is committed to ensuring that all PHC facilities are connected to a high-speed broadband network that will ensure the effective function of various health management information systems including the District Health Information System (DHIS), TIER.NET for the management of the TB/HIV programme; the Health Patient Registration System (HPRS) and various others, including the Electronic Vaccination Data Management System (EVDS)

Programme 2: District Health Services is allocated R5,719 Billion

This programme is the cornerstone of the health system dealing with Primary Health Care. It provides for the well-being of the citizens with a clear understanding that health is a human right. Therefore, the provision of health services and the systems related to them is succinct.

Advanced Antenatal care is the strategy to enhance reduction in maternal and neonatal mortality through appropriate risk assessment at antenatal clinics. Midwives are specifically trained to do proper risk assessments and to guide clinical management and refer appropriately.

To enable a reduction in the perinatal deaths, at least 90% of the pregnant population need to be screened by such skilled professionals.

Maternal & Woman's Health

In an effort to reduce teenage pregnancy, the department collaborated with Departments of Basic Education (DBE), Social Development (DSD) and Higher Education & Training (DHET) to improve access to contraceptive services. Training was conducted for PHC facilities to implement Youth Zones (dedicated times) to improve access to sexual reproductive health services.

The couple year protection (Family Planning) rate has declined from **78.6%** in 2019/20 to **58.3 %** as at the end of January 2021. In 2021, the Child 10 – 19 years' deliveries in facility rate which is a proxy to teenage pregnancy, increased from 12.7 % in 2019/2020 to 13,1%.

Regrettably, there was an increase in maternal deaths in 2020/21. There were 86 maternal deaths in our facilities as compared to **69** in 2019. This resulted in the Maternal Mortality Ratio of **172,8** per 100 000 live birth.

Interventions to improve Maternal deaths

- Screen for pregnancies at all service areas in the health care facilities.
- ESMOE training for 352 Doctors and 6 068 Midwives has been conducted in all Districts.
- The department has eight (8) fully accredited caesareans sites, and nine (9) partially accredited to ensure skilled birth attendance.

- Upskilling of doctors on anaesthesia is done in collaboration with the University of the Free State.
- The roll-out of the 3-Feet Model that was piloted in Thabo Mofutsanyana District.
- Create community awareness on danger signs in pregnancy to improve accountability.

Over and above these interventions, I am personally responsible for chairing the Provincial Maternal Morbidity and Mortality reviews.

Neonatal Care

Madame Speaker, We are not complacent about the fact that there has been a slight decline in Neonatal death in facility rate from 15.5 per 1 000 in 2019/20 to 15.1 per 1 000 in 2020/2021. Most babies die due to complications of prematurity.

Increasing premature births puts a burden on the existing resources. This results in overcrowding of neonatal services thus increasing risk of infection in preterm babies.

Regarding interventions:

- We established neonatal high care beds in accredited C/Section sites at Botshabelo and Fezi Ngubentombi district hospitals.
- Capacity building on Helping babies breathe and Management of sick neonates was conducted.
- Kangaroo Mother Care implemented in all hospitals.
- Neonatal high care beds available at the accredited C/Section sites.

- Implementation of Basic Antenatal Care (BANC) Plus.

Baby born with extra-abdominal intestines

On Child Health

- All facilities have at least **one** nurse trained on integrated management of childhood illness to improve management of children.
- The Department has strengthened growth monitoring in children by implementing a new Road to Health Booklets. This has improved early identification of danger signs in children for early intervention.
- Mortality in children under five years due to severe acute malnutrition decreased slightly from **6%** in 2019/20 to **4.8%** as at the end of January 2021.
- In an effort to reduce deaths due to diarrhoea, pneumonia and severe acute malnutrition in children under five years, the department has strengthened health education of the community through mass media.

There is a need for paediatrics hubs throughout the districts that will cater for district hospitals and surrounding clinics, which will work with Paediatric consultants or specialist from Regional and tertiary hospitals.

Malnutrition remains a major contributing factor to child morbidity and mortality and these hubs will therefore scale up active case finding of children with malnutrition as well as the effective management of mild and severe malnutrition in children.

Paediatric consultants will visit the hubs at scheduled times to take part in and lead child health focused Multi-Disciplinary Team (MDT) meetings. Here they are able to support case management without the patient needing to be referred to higher level institutions, thus reducing unnecessary paediatric outpatient appointments at the Tertiary and Regional Hospitals.

For the financial year ahead we plan to:

- Improve access to Sexual Reproductive Health Services (SRH) to reduce unplanned and unwanted pregnancies.
- Increase the number of facilities implementing adolescent and youth friendly services (AYFS) from 50 to 100.
- Strengthen provision of Integrated School Health Program (ISHP) in Early Childhood Development (ECD) centres and schools
- Continue with immunization drive to decrease morbidity and mortality of children due to vaccine preventable diseases
- Collaborate with the relevant government departments to identify and manage all forms of malnutrition in children.
- The department will also strengthen strategies from Saving Mothers Report, Saving Babies & Children Reports to reduce morbidity and mortality in mothers and children.

On HIV, AIDS and STI Programme.

In response to the high burden of HIV, all public health facilities in the province offer HIV Counselling and Testing Services and initiate all HIV-positive patients on ART in accordance with the Universal Test and Treat strategy. All people who test positive are initiated on treatment on the same day. A total of **247** Lay Counsellors were appointed to implement HIV self-screening as one of the modalities targeting men, other key populations, and workplaces.

To date a total of **451 434** people have been tested for HIV and **26 715** initiated on ARV treatment

Patients remaining in care has improved to **291 070** as at the end of December 2020. The department's performance towards the 90/90/90 strategy (*90% of the people living with HIV must be tested, 90% of those that tested HIV-positive must be initiated and retained on treatment, and 90% of those on treatment must be virally suppressed*) has been hailed by the National Department of Health, with Thabo Mosutsanyana being the only district in the Country that has achieved all its 90/90/90 targets.

The Department will continue with the implementation of the 90/90/90 Strategy to improve the overall HIV&AIDS program outcomes.

Combination strategies are implemented in the province to try and reduce the rate of new infections, strategies implemented are health education on risky sexual behaviour, provision of both male and female

condoms. A total number of **39,363 million** male condoms and 812 500 female condoms were distributed.

Central Chronic Medicine Dispensing Distribution network will continue to be used to ensure stable patients receive their medication. A total number of **184 626** clients were registered on CCMDD and **103 939** of them are active on CCMDDs

A Men's Health Clinic pilot project will be implemented in each district, with one health facility per district as a start. The total number of **255** public health facilities offering ART Services maintained to ensure accessibility to the HIV Program.

We have set ourselves a target of testing a total of **646 918** people and initiating **41 512** eligible clients on treatment. The program will ensure that a total of **351 834** clients will remain in care.

The following intervention measures will also be implemented:

- **48,975 million** male condoms to be distributed
- **600 000** female condoms to be distributed
- Maintain number of High Transmission Areas (HTA) intervention sites at **100**.
- **10 496** babies Polymerase Chain Reaction (PCR) tested at around 10 weeks (Tested for HIV)
- **37 000** newly diagnosed HIV positive clients screened for TB
- **20 000** HIV positive patients started on TB Preventative Therapy

TB Programme

The Department has reported on the burden of the TB disease. The total number of patients diagnosed with TB has shown a decline from **11 295** in 2017, **10 266** in 2018 and **9 203** in 2019. To address the above, 'Finding the Missing TB Cases' strategy was introduced in the country. The Free State province has appointed clinical personnel who will be assigned in all 5 districts to reach more communities and reduce TB clients that have defaulted

To reduce the spread of TB disease the province is aiming at screening 90% of all clients visiting our health facilities, initiating on treatment 90% of those diagnosed and ensuring that 90% successfully complete their treatment.

We managed to screen 75% of all clients visiting our health facilities and initiated 95% of those diagnosed. Only 78% of those started on treatment successfully completed. The program continuously engaged with communities to promote treatment adherence to reduce TB disease related deaths. The province successfully reduced death of those that were registered on treatment to **10%**.

Furthermore, Drug Resistant-TB (MDR and XDR-TB) in the province remains an even bigger challenge. Reports show a slight decrease in the number of cases reported (from **486** cases in 2017 to **444** cases in 2019). Despite the decline in the number of cases reported, the burden of disease has proven overwhelming.

On Mental Health

The department managed to appoint the two fully functional Mental Health Review Boards for the province.

The target to trace back to care mental health defaulters was achieved, challenges with regards to the interpretation of the indicator were addressed accordingly.

Strategies to achieve universal mental health access through the phased implementation of National Health Insurance (NHI)

The department has appointed two Psychiatrists and two Clinical Psychologists for the initiation and review of treatment of State Patients waiting for hospital admissions at Grootvlei Correctional Facility.

To strengthen mental health services at Primary Health Care, the department has contracted three (3) Clinical Psychologists, one in Thabo Mofutsanyana district, one in Xhariep district and one for Lejweleputswa district.

We shall redistribute mental health care users within the hospital, these will enable us to admit more State Patients at Free State Psychiatric Complex. The department will intensify the tracing of mental health defaulters back into care.

We shall intensify community screening of and refer eligible clients for mental health assessment at Primary Health Care facilities. To strengthen PHC mental health service, the department will contract additional two Clinical Psychologist, one at Mangaung Metro and one for Fezile Dabi district.

On Ward Based Outreach Teams (WBOTs)

In strengthening community services, the department has increased community health care worker's coverage in the district by ensuring that all **121** teams distributed in 5 districts are function. To date we have appointed **2 471** CHWs and signed contracts with them. They are paid monthly stipend through PERSAL. These CHW are supported by **121** outreach team leaders. They cover **198** of the **309** wards within the Free state province, which is about **61%** coverage.

In the new financial year, the programme will expand with **56** additional teams, bringing the total of teams to **175**. This will increase coverage of household visits within the province and improve health outcome at community level as part of strengthening of PHC.

We are fully cognisant of the ongoing national discussions around the absorption of CHWs.

On Contracting of General Medical Practitioners to Strengthen Primary Health care

The role of health practitioners in public health facilities has been identified as a critical intervention to improve access to quality health services. The development of models for contracting health practitioners, that include innovative arrangements for harnessing private sector resources at public health facilities, is one of the interventions to be strengthened in the first phase of the preparatory implementation of NHI.

The Health Practitioners will be contracted via a National contract to test contracting and service improvement options. Through the NHI

conditional grant, **50 GPs** have been contracted in 5 district to see almost **120 000** patients at primary Health Care. However, in the current financial year, we faced a lot of resignation from GP's from **43** to **33** due to reduced head count of patient at PHC during the high alert levels. As results only **42%** of PHC clients were seen by contracted GP's. The plan for 2021/2021 is to increase the number of doctors from **33** to **50** in order to increase coverage of doctors at PHC, to reduce referrals to high level of care.

Programme 3: Emergency Medical Services is allocated R754,526 Million.

The programme is responsible for pre-hospital/ facility emergency medical services including inter- hospital/ facility transfers. Planned Patient transport, commonly known as patient shuttle services, is also an integral part of the programme.

Emergency Medical Services will be increasing capacity and EMS coverage through the following interventions:

- Appointment of **70** supervisors for all districts. This action will strengthen supervision of EMS stations and also enable EMS stations to be in line with the EMS Regulations.
- Appointment of **505** additional operational staff within all the districts in order to strengthen EMS capacity to render inter-facility services. This includes **90** officials that will be allocated to the three decentralized EMS call centres in Welkom, Bethlehem and Kroonstad.

- Rostering of **40** additional operational ambulances that will improve the ambulance response times in serving the community.
- Combat maternal mortalities by upgrading levels of care through deployment of dedicated Obstetric Ambulances at the caesarean section sites. The relevant EMS officials will also undergo training on ESMOE and KMC.
- As part of increasing our EMS coverage in underserviced areas, we shall repurpose relevant facilities to be utilized for additional EMS operations in Tweeling, Vredefort, Orangeville, Verkeerdevlei, Phillipolis, Luckhof and Clarens.
- Increase effectiveness of the EMS by appointing additional 505 operational staff within all the districts in order to strengthen EMS capacity to render inter-facility services within all districts. This includes 90 officials that will be allocated to the three decentralized EMS call centres in Welkom, Bethlehem and Kroonstad.
- We have started the process with SITA to develop and implement a new EMS call-taking and dispatch system for the control centers within the districts.
- We shall maintain the 24 ambulances dedicated to supporting the Department's COVID-19 response.
- In our endeavour to improve performance on emergency medical transfers, the Department will consider a new model of providing inter-facility transfer service, in conjunction with the private sector, whilst considering the cost constraints.

- The department has successfully developed and deployed an electronic system for the accreditation of both public and private EMS stations and ambulances, which the National Department of Health and two other Provinces, i.e. Mpumalanga and Northern Cape, have benchmarked on.

Programme 4: Provincial Hospital Services is allocated R1,571 Billion.

This budget programme is responsible for accessible, appropriate, effective and general specialist regional hospital services including rehabilitation services, creating training platform for health professionals and research.

Strengthening the Primary Health Care services

It is critical that the perceptions and orientation of hospital staff to be based on the District health services concept; the District and Regional hospitals must be the key support of primary level care.

Hospital inpatient care will be considered together with alternative means of delivering services if cost-effectiveness is to be maximized. Emphasize that close-to-client health services must be tightly integrated with district hospital–level care and demonstrate strong dependency on the referral system. Thus, cases too complex or serious to be managed in the periphery are sent for care where skills and resources are more highly concentrated, in the expectation that health outcomes will be better.

To permit early discharge, enhance treatment compliance, and make home-based care possible; all of which may improve cost-effectiveness, hospitals will play an active role in providing outreach services, supervision, and support. The time has come to increase Primary Health Care service levels in line with actual need.

Hospital services contribution towards PHC outcomes

Regional and Tertiary Hospital Play a pivotal role in Outreach and In-reach program over and above what district hospital does: The department will strengthen these programs in the next financial year.

Strengthening Maternal and Neonatal Health In-reach and Outreach

Madame Speaker, There are serious concerns about child health outcomes and the quality of care children and young people receive. Children and young people should receive at least the same level of attention and quality of care as adults.

The Tertiary and Regional hospitals play a pivotal role in providing outreach and in-reach programmes to District hospital. The department

will strengthen these programs as the means to improve access to care and upskill the relevant health professionals.

Some of district Hospitals have limited number of doctors and this has an impact on service delivery as most patients are referred to Regional and Tertiary Hospital.

There is a need to move for maternity hubs at strategic located district hospitals. These Maternity hubs could meet future requirements for deliveries in a more sufficient, sustainable and high quality service arrangement. The model will also support the Maternal, Child and Women's Health and Nutrition (MCWH&N) Programme in ensuring equity of access to services for women and their families to all levels of care.

Specialised Hospitals

Free State Psychiatric Complex

Having identified mental illness as one of the burdens of disease, during the next financial year we will do the following at the FSPC:

- Commissioning of the Child and adolescent Unit to improve access to care for Children and Adolescents.
- Commissioning of the Electroconvulsive Therapy Unit for specialized treatment programmes and training of registrars.

In addition, Madame Speaker, as you know that COVID-19 does not discriminate patients, we have successfully completed the following at the FSPC:

- Alteration and refurbishment works for a 30 bed capacity unit to comply with the COVID-19 Isolation requirements

- The purpose of the unit serves as a measure for the prevention of the spread of the COVID-19 virus within mental health units.
- The unit also makes provision for adequate testing and isolation of Mental Health Care Users who are particularly vulnerable to the transmission and effects of COVID-19.
- The advantage of the unit is that patients are free to move about and interact with each other which is different from a normal isolation facility due to the fact that it is extremely difficult to isolate patients who have behavioural dysregulation from symptoms of active mania and psychosis.

MDR-TB Specialised Hospital

The management of Multi-Drug Resistant TB is one of our key priorities, given the increase in the number of infections and the challenge of patients on treatment being lost to follow up, we have completed a 30-bed dedicated hospital at the Old Mantsopa Hospital.

The project contributed 127 jobs during construction.

This facility will be operationalised during the new financial year.

Programme 5: Central Hospitals is allocated R2,684 Billion.

The budget is earmarked for tertiary and central hospital services. Its main components included the provision of quaternary health services, providing advanced level of medicine which is highly specialized. The

hospitals are also crucial in the training of health care professionals and conducting research.

The Department of Cardiology at Universitas Academic Hospital and the University of the Free State continues to be dedicated to giving excellent cardiac services to the people of this province and neighbouring provinces, as well as teaching and training of undergraduate medical students and postgraduate trainee specialists and sub-specialists.

We offer a wide range of highly specialised cardiac services including cardiac catheterisations, coronary interventions, cardiac pacemaker implantations for bradycardia therapy and for heart failure, and refer those patients who need surgery to our sister Department, Cardiothoracic surgery. **It makes me proud to declare that we have the shortest waiting period for all these specialised procedures in the public sector in the whole country.**

In July 2020, one of our trainee Cardiologists passed his exit examination to become a registered Cardiologist. He joined four other African Cardiologists who have qualified from this Department since 2015. One other trainee will be writing his examination in the second half of this year.

The Cardiology Department is involved in academic research and doing collaborative studies in cardiomyopathy with Charité University, Berlin, which is a PhD project for the Department's Head, to be completed in September this year. Other research includes:

- Cardiomyopathy registry with the University of Cape Town and Oxford University;

- Pericarditis interventional study with the University of Cape Town; and
- An International study directed by the Population Health Research Institute (Canada), comparing Rivaroxaban with Vitamin K antagonist in the prevention of stroke in rheumatic atrial fibrillation.

This research is undertaken to ensure that our doctors keep in touch with cutting-edge science which is translated to the best care for our patients.

We look forward to bringing cardiac electrophysiology services to the people of the Free State in the near future.

The COVID-19 pandemic affected our hospital and our department as it did the whole world, but we joined our colleagues in the fight and gave our specialised ward to admit patients awaiting their COVID-19 results (PUI), and gave our clinic to be the COVID-19 vaccination centre for healthcare workers in Bloemfontein. Our colleagues did us proud and did an excellent job.

The key interventions that will be implemented in this budget programme in the 2021/2022 financial year will include:

- Intensifying the utilisation of telemedicine to enhance efficacy in the provision of access to tertiary health services and related skills.
- Strengthening the implementation of clinical governance policy throughout the different levels of care in order to improve the quality of health services and the related health outcomes. To this end, the clinical heads of departments will play a critical role in providing

leadership and governance in the respective clinical specialities. Compliance with the clinical governance programmes, including monthly morbidity and mortality (M&M) reviews will also be ensured per hospital.

- Strengthening of the Central and Tertiary clinical outreach services to level 2 hospitals in order to improve the accessibility of tertiary services to the community.
- Strengthening of the implementation and monitoring of current referral policy to promote seamless access to the highly specialized services.
- The Ideal Health Facility framework will be implemented in both hospitals with a view to ensure compliance, improve the quality of health care and ultimately attain accreditation for NHI implementation.
- Two (2) Linear Accelerators have been installed and will be officially opened during the financial year. This has enabled the department to reduce the waiting period for radiation treatment of cancer patients from about **6 months to 2 weeks**. The unit currently serves the Free State, Northern Cape and the Mountain Kingdom of Lesotho. The Department will continue to prioritise the treatment of cancer.
- Madame Speaker, under this programme we celebrate the successful surgical repair of gastrochisis (*a condition where a baby is born with an abdomen that is not properly closed, thus exposing the intestines*). Despite many challenges faced by the Department, this is but one amongst the many successful procedures of this magnitude.

Programme 6: Health Sciences and Training is allocated

R317,554 Million.

The programme is responsible for training and development opportunities for the current, potential and prospective employees in the department, the work skills development plan is developed based on the outcomes of the individual performance assessments and developmental plans.

The Free State School of Nursing

The new 3-year Diploma in Nursing (R171) will be implemented following accreditation by Council on Higher Education (CHE) and South African Nursing Council (SANC). A conditional approval was received from the South African Nursing Council (SANC) for Higher Certificate in Auxiliary Nursing and Advanced Diploma in Midwifery. The total of 56 students registered for the Diploma in General Nursing (Bridging) and 8 completed the Diploma in Midwifery.

The curriculum for the current programs offered are PHC care oriented thus having modules focusing on health promotion, prevention and management of communicable and non-communicable diseases. We plan to produce 200 nurses in the college, to implement a new Student Information Management System and to implement 2 new programs (Advanced Diploma in Midwifery) and Higher Certificate in Auxiliary Nursing.

We also plan to introduce the **Advanced Diploma in midwifery** in order to assist in the reduction of maternal mortality and morbidity rate in the province. If the program is not implemented the burden will remain a challenge.

The **Higher Certificate in Auxiliary Nursing** is to address the shortage of basic entry level nursing. Professionals are currently doing basic nursing and their professional skills is being inappropriately used. Trained assistants reduce the burden of workload on the professionals and help them to focus on their scope.

Allied Health Care Workers

A total number of **4 134** Allied Health Workers were trained on Mother and Child Health, Communicable and Non-Communicable Diseases, Violence, Injury and Accidents across the province. This includes Allied Health Workers in the province.

To date the training of medical students in Cuba has produced significant successes. A total of 131 students have completed their training; 67 students graduated in 2019, 40 students in 2020 and 24 students are to graduate in 2021. All these are doing their internship in various institutions in the country and the first group of 67 will be starting with their community services this year. Currently there are only 3 students in Cuba.

There are 16 students in the 3rd Cohort busy doing their integration program and 25 students are from the 1st and the 2nd Cohort repeating some rotations for their integration program.

We are looking forward to these students finalising their studies so that they can be of benefit to the community of the Free State.

In capacitating our employees in line with our Workplace Skills Plan, the department, in this academic year has granted bursaries to 40 employees and these are meant to close the skills gaps that we have. Fourteen (14) of the 40 are enrolled at the University of Johannesburg studying towards diploma in Emergency Care. We will realise the impact of this intervention in the coming years

Programme 7: Health Care Support is allocated

R168,457 Million.

The programme is responsible for rendering support services to the department such as laundry services, environmental health, orthotic and prosthetic services, etc. The medical depot and procurement of medicines is also under this programme.

The ongoing process of integrating the medical depot into the department is an ongoing process well under way notwithstanding the financial challenges and pressures facing us. It is a reality that the global economic meltdown affects us negatively and affect the process of integration of the medical depot. However; we are not deterred and continue to pursue our plans as we believe that the process has ultimately long-term benefits.

Orthotic & Prosthetic (O&P) Services

One of the key priorities of the Department is to restore the dignity and livelihoods of people with temporary or permanent disabilities through the provision of orthotic and prosthetic devices. We have managed to reduce the backlog of O&P devices by **47%** during the financial year 2020/21. Our initial backlog was **4 879** and we were in a position to provide devices to **2 329** patients.

Our current challenge is the shortage of medical consumables. We are in the process of finalising our provincial contract.

The Department has trained medical orthotists through partnership with institutions of higher learning. Two of the six students were appointed in the Department and the remaining students will finalise their training at the end of the current academic year.

Laundries

We will continue to strengthen and improve linen supply to health facilities through the establishment of on-site laundries at regional hospitals. During the financial year 2020/21, a total amount of **R13,658 million** was spent on procurement of linen. We will continue to prioritise and budget for the procurement of linen to improve clean linen availability at health facilities.

We will continue to implement our laundry equipment replacement plan at our three regional laundries. We will also improve the regular servicing and maintenance of laundry equipment to improve production

and efficiency of laundry services in line with the Occupational Health and Safety requirements and manufacturer specifications.

Pharmaceutical Services

With the support of Global Fund and Right-ePharmacy, the province will expand the strategy to improve access to pharmaceutical services for the decanting of stable patients. The department will implement the Collect and Go lockers as part of the Daplabmed (previously CCMDD) in Lejweleputswa.

Six sites, with 25 lockers, will ensure that the district also benefits from improved access to chronic treatment as experienced by the community in Thabo Mofutsanyana and Mangaung Metro. This will ensure continuous access to medicines and alleviate the challenges faced by the health facilities due to COVID-19.

The Medical Depot, in its effort to mitigate the risk of theft, will implement a biometric system to strengthen its security measures. This will complement the current measures where CCV cameras have been installed at the institution.

We are still resolute to incorporate the medical depot into the department, which was slowed down by COVID-19. The team of Health and Treasury officials will work on the process.

As our continued commitment to ensure the availability of medicines in the province, we have again allocated **R40 million** annually over the MTEF period.

Programme 8: Health Facility Management (Infrastructure) is allocated R651,125 Million.

The programme is acquiring and procuring new health facilities, refurbishments, upgrading and maintenance of existing ones. In support of the human rights in terms the promotion of universal access to health care as enshrined in the Constitution of the Republic of South Africa, Act No 105 of 1996; infrastructure interventions through Health Facilities Management programme continue to receive outmost attention from the Department.

The following are the key achievements on this programme:

COVID-19 READINESS

- Identified health facilities were refurbished and upgraded in order to increase the bed capacity for COVID-19. These facilities were divided into the following clusters with the following bed outputs:
- **Cluster 1:** Universitas Hospital (House Idahlia and Basement Parking) – 140 Beds and Pelonomi Hospital (Mancofs Halls) – 120 Beds
- **Cluster 2:** Botshabelo District Hospital – 43 Beds; Dr JS Moroka Hospital – 26 Beds; Pelonomi M Block – 120 Beds.
- **Cluster 3:** Winburg District Hospital – 55 Beds; Bongani Regional Hospital – 245 Beds; Thusanong Hospital – 41 Beds

- **Cluster 4:** Boitumelo Regional Hospital – 181 Beds; Tokollo District Hospital - 100 Beds
- **Cluster 5:** Mantsopa MDR – 60 Beds; Seniorita Ntlabathi District Hospital - 256 Beds
- **Cluster 6:** MM Manapo Regional Hospital – 103 beds; Nketoane District Hospital – 10 beds; E Ross Hospital - 23 beds
- **Cluster 7:** Dihlabeng Regional Hospital – 35 Beds; Phekolong District Hospital – 27 Beds; Itemoheng Hospital – 3 beds.

A total number of 1 588 bed capacity was created.

Construction work at Rouxville Clinic is progressing well. The anticipated completion date of the clinic is November 2021 with asset value of R23 million.

Below are the completed healthcare facilities that have undergone upgrades and refurbishments in 2020/21 financial year:

- Opkoms Clinic in Heidedal;
- Itumeleng Clinic in Jagersfontein;
- Itumeleng Clinic in Clarens;
- Matlakeng Clinic in Zastron;
- Kgothlang Clinic in Virginia;
- Frankfort Clinic in Frankfort;
- Rainbow Clinic in Tweeling;
- Tshepong Clinic in Kroonstad;
- Villiers Clinic in Villiers;

- Memel Clinic in Memel;
- Lephoi Clinic in Xhariep District;
- FSPC Clinic in Bloemfontein;
- Pelonomi Hospital Paediatric ICU;
- Pelonomi Hospital New Fence;
- Bongani Hospital New Fence;
- Phutholoha Hospital in Ficksburg;
- EMS Office (Old Mortuary) in Bloemfontein (repair of roofs and upgrading of security fence);
- Ongoing maintenance, refurbishment and upgrading of mechanical installation that includes boilers, lifts, air conditions, HVAC (Heating Ventilation Air-conditioning), chillers, autoclaves, generators, etc.

Madame Speaker, we are proud to inform the people of Free State that we have been able to reclaim the EPWP Integrated Grant, which will be used to create additional employment by way of cleaning of our health facilities across the province.

In the 2020/21 financial year, the focus of the department was on upgrading and refurbishment of health care facilities which included various clinics, district hospitals, regional hospitals, tertiary hospitals and other facilities. However, with the emergence of COVID-19 pandemic the implementation plans had to be altered to address challenges that arose from this pandemic. As such some projects were deferred to the 2021/22 financial year. As a result of fiscal constraints (*to cater for operational & HR costs*) establishment of new facilities will be limited to

only replacing existing ones. Addressing the maintenance backlog of health infrastructure remains a priority to the department. This is important if the ideal clinic status of facilities is to be attained and NHI implementation realized.

For the 2021/ 2022 financial year the programme will pay attention to upgrades and refurbishment programme for healthcare facilities on ensuring that:

- Facilities comply with ideal clinic norms and standards
- Health training facilities achieve accreditation
- Mental Health facilities comply with mental health requirements
- Service delivery centres such as pharmaceutical, laundries, mortuaries, orthotic & prosthetic service centres are improved
- Security measures at facilities are improved by upgrading fence and guard houses, installing perimeter lights and CCTV.

The following ten projects are at procurement stage and will commence construction by the 1st week of May 2021:

- Refurbishment of Thembaletu Clinic
- Refurbishment of Kgalala Clinic
- Refurbishment of Eva Mota Clinic
- Completion of Refurbishment and Renovations to Baken Park Clinic

- Refurbishment and Renovations to Doctors Accommodation at Botshabelo Hospital
- Refurbishment of Doctors Accommodation at Dr JS Moroka Hospital
- Refurbishment and Renovations of White Block at National District Hospital
- Refurbishment of Emergency Medical Services (EMS) Qwaqwa
- Refurbishment and Renovations of FSSON Manapo Campus
- Refurbishment and Renovations of Mofumahadi Manapo Mopeli Regional Hospital Doctors Residence

Fezi Ngubentombi District Hospital Refurbishment: Nurses Home project started in November 2020, with the anticipated completion in August 2021. The construction work at Mafube District Hospital is progressing according to plan with the anticipated completion date of June 2021.

Procurement processes for Rheederspark and Thandanani (Riebeeckstad) Clinic are at an adjudication stage. Contractors expected to be appointed before the end of the current financial year for implementation to begin in the beginning of 2021/22 financial year.

Furthermore, the Department is finalising the designs of the Dinaane Clinic with the view of the contractor being appointed in the second quarter of the 2021/22 financial year.

Conclusion

Let me conclude by appreciating the opportunity afforded to me by my organization the African National Congress for deploying me in this important portfolio of Health, the Premier of the Free State for having entrusted me with the responsibility, my colleagues in the Legislature for your oversight and support, HOD and the entire staff of the department.

To my family which is my pillar for strength, source of strength and inspiration.

Last but not least, the staff in my office and last but not least my family which is my source of strength and inspiration.

Tabling of the budget vote

Madam Speaker; I hereby table budget vote 5 for the Department of Health for 2021/2022 financial year.

I THANK YOU