

Budget Speech - Minister of Health, 8 April 2005

Madam Speaker, honourable members and guests

It gives me great pleasure to present the budget of the national Department of Health for your consideration, debate and acceptance.

This year marks the 50th anniversary of the Freedom Charter, a guiding document in our struggle to create a better life for all our citizens. As we observe this historic moment, our movement through the January 08 statement of the African National Congress has highlighted some of the key areas we have to focus on this year within the social sector cluster of government to ensure that we indeed realise one of the critical goals of the Freedom Charter – that there shall be houses, security and comfort.

High on the Programme of Action of our movement is the need to intensify our campaign to promote healthy lifestyles within our communities. This public health awareness campaign was also emphasised by our President in the State of Nation Address and is supported by an increase in the allocation of resources for the social sector.

Healthy Lifestyles

Madam Speaker, Honourable members, the healthy lifestyle campaign is central to our response to the causes of mortality and morbidity in the country as it aims to reduce communicable and non-communicable diseases including non-natural causes of death.

It highlights the need for a paradigm shift in the way we approach the health of our population. We often spend the first part of our lives undermining our own health through the way we eat, drink, drive and by smoking and engaging in unsafe sex. We thereafter spend the second part of our lives trying to manage the negative health consequences of our behaviour through costly and complex interventions. We cannot continue on this trajectory of destroy and repair, destroy and repair. We need to make the right choices about our lives right from the start, as life does not usually give us second chances.

This morning we witnessed a march by people from many walks of life in support of this key theme of work of the Department of Health. Unlike other demonstrations to this important institution of our democracy which focus on demanding certain things from government, today's march highlights the critical role of choices made by individual communities in determining their own health status. It begins to mobilise our communities and other partners to work together with government in promoting good health. This partnership in promoting public health awareness is what we meant when we called for a people's contract to fight poverty and diseases and ensure better health for all.

Chronic Diseases of lifestyle

Together with various stakeholders in the private and non-governmental sectors, we have conducted health screening mainly for hypertension, diabetes and Body Mass Index at selected sites in some of our provinces. From the results of the screening done to date, it is clear to us that chronic diseases of lifestyle are a major problem in our communities. We are concerned about the levels of obesity and number of people who are overweight particularly because of lack of physical activity and over consumption of food high in fats and sugar. We are also worried about high sugar and blood pressure levels that are detected amongst many of our people. That is why we are promoting physical activity of any kind by everyone, young and old starting with the Members of this House. I urge honourable Members and our guests to also utilise the screening services that we have made available in this building today. Let's all commit ourselves to lead by examples and live healthy lives.

May 2005 is physical activity month and we are planning a range of activities in the country for both young and old. In particular, the 10th of May 2005 is World Physical Activity Day. I therefore encourage all sectors of our population to participate in physical activities and *MOVE FOR YOUR HEALTH*.

Tobacco Control

Madam speaker, we are sustaining our efforts against the use of tobacco which contributes significantly to ill-health for both smokers and those exposed to secondary smoke. Recently this House was requested to consider and ratify the Framework Convention on Tobacco Control. We appreciate your speedy finalisation of this matter which once again puts South Africa at the forefront of the world's efforts in tobacco control. Our policies on tobacco control make South Africa to be one of the leaders in the world – a country to which many others turn to for advice on tobacco control.

Alcohol

As I promised in this House, we have published for public comment a set of draft regulations with regard to the labelling of alcohol beverages. These regulations aim to introduce warnings on the negative health and social effects of abuse of alcohol that should accompany all promotional material for alcohol products. We will also be focusing on discouraging pregnant women from drinking to reduce the rate of foetal alcohol syndrome. As you may know, high levels of alcohol intake also contribute significantly to injuries that lead to non-natural deaths, violence, various forms of abuse and other social ills.

Mental Health Act

Also critical to the overall wellbeing of our people is the need to strengthen our mental health services including addressing the challenges that have been reported in some of our mental health facilities. We will be intensifying the implementation of the Mental Health Care Act beginning with the establishment of Mental Health Review Boards for mental health hospitals as required by the law. Provinces are at different stages of setting up these boards and we urge the public to participate in the process and in the provision of mental services in general. The Mental Health Care Act enforces the culture of human rights within the mental health services and ensures that mental health patients are treated with respect and dignity.

Sexual behaviour

Madam speaker, we are encouraged by the recent commitment expressed by faith-based organisations and other groups to work with us in increasing the impact of campaigns against alcohol and substance abuse, smoking, unsafe sexual behaviour and other health risky behaviours. At a meeting with religious leaders in February this year we agreed that we should work together particularly in promoting abstinence and being faithful to one partner. These two elements of the ABC Campaign are also an important contribution to moral regeneration and building of strong family structures based on gender equality and respect for the right of children to grow up in a safe environment.

Also important in our efforts to prevent sexually transmitted infections and unwanted pregnancies, is the need to ensure the availability of condoms. The distribution of male condoms has increased from 302 million in 2003 to 346 million in 2004. A total of 1.2 million female condoms were distributed through 203 sites nation-wide in 2004. The favourable exchange rate for the past few months has enabled the Department to purchase additional female condoms, which increases our stock for distribution during the course of this year.

World Health Day

Madam speaker, we are presenting this budget a day after South Africa joined the rest of the world in celebrating the World Health Day with a theme: make every mother and child count. We observed this day with the community of Steilooop in Limpopo where we highlighted the need to change today's world reality where many women die during pregnancy or as a result of delivery each year and where millions of children die before celebrating their fifth birthday.

Through our healthy lifestyle programme, we want to ensure that every pregnancy and delivery is a happy and safe experience. We are emphasising the need to care for the health of babies before and after birth to ensure that they have a healthy start to life.

Millennium Development Goals

The health of women and children is also an important indicator in the world's effort to meet the Millennium Development Goals relating to health. These goals include addressing the challenges of hunger and lack of access to safe water, reducing maternal and child mortality and begin to reverse the incidence of infectious diseases like HIV and AIDS, Tuberculosis and Malaria by 2015. The United Nations will report later this year on the progress being made towards meeting these goals. However, as a country we conducted the second South African Demographic and Health Survey in 2003 and we are working with Stats SA to assess the progress we are making in this regard particularly on maternal and child health.

Child and maternal health

In 1998 the infant mortality rate was measured to be 45.4/1000 live births. This has decreased in 2003 to 42.5/1000 live births. Mortality of children under five years has also decreased from 59.4/1000 live births in 1998 to 57.6/1000 in 2003.

The proportion of births that were attended to by either a nurse or doctor has increased from 84% in 1998 to 92% in 2003. This can be attributed to the increased access to health services both in terms of availability of health facilities in various communities and free health services for pregnant and lactating women as well as children under the age of six years.

We are verifying data with regard to the maternal mortality ratio and the initial indications are that we have indeed significantly reduced this major cause of death amongst women. The maternal mortality ratio for the country will be announced soon.

The positive developments around maternal and child mortality indicates that we are on the correct path and we need to sustain our efforts to further improve the lives of women and children. We will also be intensifying the implementation of the School Health Policy to ensure that we cater for the health needs of learners in particular. To respond to the cases of measles being reported sporadically in some of the provinces, we will be strengthening cold chain to ensure sustainable and safe supply of vaccines and intensify our Expanded Programme on Immunisation with campaigns aimed at increasing immunisation coverage amongst our communities.

Cholera

The programmes of government to improve access to basic services like clean water and proper sanitation are contributing positively to the health efforts to prevent water borne diseases which impact heavily on women and children. Because of sustained health education and proper coordination through outbreak response teams at national and provincial levels, we have not had outbreaks of cholera over the past year. This is a significant achievement noting the prevalence in various parts of the country of conditions that are conducive to outbreaks of water borne diseases such as long droughts and heavy floods.

Malaria

Madam Speaker, malaria still poses a major challenge for women, children and the rest of our populations in Africa. However we have made significant progress in addressing this challenge. The success of our malaria control programme has not been limited to the affected areas in South Africa but extended to other countries in the SADC region where we initiated joint efforts in malaria control with our neighbours. The prevalence of malaria in South Africa has dropped from 120 per 100 000 in 1999 to 28 per 100 000 in 2003. The case fatality rate has respectively declined from 0.8 to 0.6%.

Tuberculosis

As we marked the World TB Day last month, we acknowledged the challenges facing our TB control programme particularly in increasing our cure rate and reducing the interruption rates. However, we appreciate the significant media attention that this year's World TB Day received and we hope that we will continue to work with the media in raising public awareness about this major challenge.

The role of community health workers in particular is critical in providing support to enable TB patients complete their treatment. Hence we will be strengthening the community health worker programme and ensure that these workers are able to identify the health care needs of communities, refer people to relevant health and other government services and support those who are on treatment for TB, HIV and AIDS and other debilitating conditions.

We are continuing to provide nutritional support for patients with TB or HIV and AIDS and are either food insecure or have depleted micronutrients. Supplementary meals and multivitamin syrup or tablets are being provided to about 153 000 people as part of the nutritional care and support package.

HIV and AIDS

In line with the President's directive in the State of the Nation address and utilising the significantly increased budget for HIV and AIDS for this year, we are implementing our Comprehensive Plan for Management, Care and Treatment of HIV and AIDS in its totality with much vigour. This Comprehensive Plan is centred around preventing the spread of HIV infection and improving the health system to enable us to provide a series of interventions aimed at improving the lives of those infected and affected by HIV and AIDS.

Over the past year, we embarked on a process of accrediting sites at which these services will be provided. This process was aimed at strengthening the health system by evaluating the capacity of health facilities to provide quality health services including effective screening, treatment and monitoring of the safety of people living with HIV and AIDS. This approach was necessary because of the complexity of the programme to safely administer in particular antiretroviral drugs. We also have three pharmacovigilance centres to monitor and investigate adverse drug reaction.

I am pleased to report that we have been able to meet our target of establishing at least one service point in all of the 53 districts in the country by the end of March 2005. Some districts already have more than one facility providing HIV and AIDS related care and treatment within their boundaries. Our goal now is to increase the number of health facilities accredited to provide treatment and ensure that these facilities are available in every local municipality in the country.

We have appointed seven companies to provide sustainable supplies of antiretroviral drugs through a tender valued at R3, 4 billion over the next three years. We are continuing with research on traditional medicines to ensure that all the medicines that have proven to have an impact in alleviating conditions associated with AIDS get the necessary scientific endorsement. Treatment of opportunistic infections also remains an important component of our programme as most of these diseases can be treated even in the presence of HIV and AIDS.

The challenges on the ground are enormous including the need to attract necessary staff to underserved areas, improving the turn around times for laboratories as well ensuring compliance with treatment regimens.

Affordable and quality medicine

Last on the list of Millennium Development Goals relating to health is the need to improve access to essential medicine. The President also directed us to continue with the battle for access to affordable and quality medicine through the implementation of the Medicine Control Act adopted by this House. As members will know, we have implemented a range of measures to improve the quality of medicines, reduce their prices and ensure availability at public health facilities. Members will also know that our attempts to achieve this goal have been met with resistance from those who are determined to put their narrow interests above the right of our citizens to access this essential commodity.

We are encouraged by the outcome of the Constitutional Court case on dispensing of medicine which endorsed the right of Government to implement regulations to ensure that dispensing health professionals have the necessary competencies to handle and dispense medicine and that these medicines are stores in an environment that promotes safety, quality and efficacy. This judgement also reaffirms the right of Government to regulate where professionals can practice.

Another encouraging development is the decision by the pharmaceutical manufacturers not only to comply but also to defend, through a submission to the Constitutional court, the medicine pricing regulations particularly with reference to the single exit price. A responsible view is also emerging amongst community pharmacists that a concern over a single technical issue of the quantum of the dispensing fee does not justify a legal action aimed at setting aside the entire body of the regulations. Pending the ruling of the Constitutional Court on the matter, the Department of Health is engaged in discussions with these pharmacists as both parties believe that the issue of a dispensing fee can be resolved within the current framework of the Medicine Act and the pricing regulations.

We hope that the Constitutional court will assist us in resolving contested issues around the medicine pricing regulations and give a ruling that should ensure that South Africans ultimately realise their right of access to affordable, safe and quality medicine.

Addressing poverty

Madam speaker, we will continue to provide a social safety net for the poor in this country. We are committed to contribute to the alleviation of poverty by adopting more labour intensive construction methods in our capital projects and strengthening the community health worker programme.

We made an undertaking in this House to implement the decision to provide free health care for people with disabilities. While addressing all the health needs of this section of our society, over the last financial year we focused on eliminating the backlog in the provision of assistive devices which are critical in enabling people with disabilities to actively participate in everyday life. In the last financial year, the national Department of Health supplied 10 407 wheelchairs and buggies, 1131 pressure care cushions and 4547 hearing aids. These are in addition to the devices procured and distributed by provinces.

Budget of the national Department of Health

Madam speaker, the only way we can achieve the health goals we have set for ourselves is through equitable distribution and effective utilisation of the resources available within the health sector. Hence we are presenting this budget for the national Department of Health before this house today.

The total amount budgeted for 2005/06 is R 9, 825 billion. This is an increase of 11,4% compared to the last financial year. This allocation is projected to rise to R10, 658 billion in 2006/07 and to R11, 184 billion in 2007/08.

Conditional Grants

A significant portion of this budget is spent through three conditional grants that will be transferred to provinces.

The hospital revitalisation grant increases by 12,7% from R911 million in the last financial year to R1,027 billion this year. We completed the revitalisation of 2 hospitals last year with another 37 in various stages of completion. As mentioned, we will ensure that the revitalisation projects adopt labour intensive methods of construction to ensure that they also contribute in creating work for communities in addition to improving infrastructure and the quality of care in the revitalised facilities.

We also have the conditional grant for the funding of Tertiary Services and the activities, which form part of the training of health professionals.

The third conditional grant is aimed at assisting provinces to implement the Comprehensive Plan for HIV and AIDS. Because of our commitment to curb the spread of HIV infection and reduce the impact of AIDS, we are increasing this conditional grant by 45% from R782 million in 2004/05 to R1.135 billion this year. This substantial increase in budget allocation will assist us in vigorously implementing the Comprehensive Plan on HIV and AIDS which I have already outlined.

We have increased the budgets of the units that handle these grants to improve the capacity and expenditure of these resources with greater accountability.

We are also strengthening our control systems to ensure that resources are not lost to corruption and are fully utilised for service delivery. The Compensation Commission for Occupational Diseases (CCOD) as a public entity under the auspices of the National Department of Health will table its audit report for 2003/04 shortly, which is bad to put it very frankly. The Department has taken steps to address the challenges within the CCOD particularly in dealing with fraud within this entity. The National Department of Health and the forensic auditors are working closely with the South African Police Service to resolve the matter and I can report that one individual has already been arrested.

Madam speaker, the President has said that government needs to massively improve the management, organisational, technical and other capacities of government so that it meets its objectives. The budget for the Public Health Sector in general increases from R42.8 billion to R48.1 billion which translates to a 12,2% increase. The allocation brings the Public Health Sector budget to 12.6% of the total national allocated expenditure for the current financial year which should improve our ability to deliver health services.

Human resources for health

However, we are of the view that the single most critical resource in our ability to deliver on our health objectives is the availability and capacity of health personnel. Various interventions are being made to address particularly the supply and distribution of health personnel in the country and mitigate the impact of outwards migration of health skills.

Earlier this year I promised that by the end of March 2005 a draft National Human Resource Plan would be ready for discussion. A strategic framework on human resources for health is being finalised and I call upon all relevant organisations and institutions including the private health sector to engage with this process. I hope that through this effort, South Africa will find a strategy to successfully address the human resource challenges faced by our country.

We will be bringing before this House, the Nursing Bill which brings the current Nursing Act up to date with developments in nursing education and classification of nurses into different categories. This Bill will also assist us in introducing the nursing profession into community service programme which already covers all other categories of health professionals.

We are making progress in defining the scope of practice and developing the curriculum for medical assistants. Working together with other relevant structures, we want to ensure that this process is finalised as soon as possible so that we can begin to recruit students into this category of health practice.

The implementation of the National Community Health Worker policy framework has started. The Qualifications and skills programmes for the policy framework have been identified. Learning materials and curriculum framework are being developed and the first intake of learners should commence later this year.

The Traditional Health Practitioners Act was promulgated by the President earlier this year and the Department is finalising the regulations for the implementation of this Act. We will be consulting with traditional health practitioners to ensure that a Council for Traditional Health Practitioners is established during the course of this year.

We are also gearing up for the implementation of the National Health Act once promulgated. This is a critical piece of legislation that provides a framework for a single health system for South Africa, highlighting the rights and responsibilities of health providers and users as well as ensuring broader community participation in the healthcare delivery from a health facility up to national level.

Amongst other things, the National Health Act will enable us to establish the Office of Standard Compliance which will be responsible for enforcing compliance with the prescribed quality standards in all health facilities, public and private. This will include ensuring that all health facilities comply with hygiene practices to prevent hospital-acquired infections. We are also working together with the Medical Research Council to develop evidence-based interventions against hospital-acquired infections which is a challenge facing both developing and developed countries.

We have put systems in place to respond to the reported cases of Marburg virus in Angola. There is no need for alarm. No confirmed case of Marburg has been reported in South Africa. Isolation facilities for suspected cases have been identified in all provinces. Health care providers and port health officers have been put on alert and are aware on how to deal with suspected cases. In addition, a special committee has been established at national level to closely monitor the situation both locally and internationally.

Working together with the food industry, the Department is intensifying its efforts to rid our food supply chain of the illegal food colorant – Sudan Red and also ensure that all food products comply the legal requirements on the levels of other colorants in food products. Our laboratories have been inundated with samples from the local authorities and across the food industry for analysis. A total of 15 products have been confirmed to contain low levels of Sudan Red and these products have been removed from the market. We will update the public of any more food products that may be found to contain Sudan Red. It is important to emphasise that this illegal colorant could increase the risk of cancer only if consumed over a long period and in large quantities.

Health Charter

Madam speaker, the provision of health services is complex. It is complex because of the large number of actors, their behaviour and the unpredictability of ill-health. This means that we must work together as families, as communities and as a nation to ensure that we can harness all the resources of this country to make a difference. In this regard I shall soon be convening the third meeting of health stakeholders to discuss the draft Health Charter which a team composed of members from the various sectors has put together. I hope that the Charter will provide the basis for a consensual approach to eliminating inequities both in the allocation of resources and provision of health services in our country.

Community outreach

Honourable members will recall that I promised in this House last year that, together with the MECs, we will be holding izimbizo in all the 53 health districts over the next five years in order to communicate more effectively with communities on health. I am glad to report that over the past year alone, I have been able to attend 60 events and meetings with various constituencies and communities in more than 28 districts. This excludes several community activities related to my party, the ANC. We will continue with this drive to reach out to our people and ensure that health services are adequately responding to their needs.

Finally Madam speaker may I take this opportunity to thank the President and Deputy President for their leadership, my cabinet colleagues for their support and guidance. I would to express my appreciation to the members of MINMEC, Health portfolio and select committees as well as councillors responsible for health - without your support and co-operation we will not have a functioning national health system.

Noting that this is the first Budget we are presenting to this House since we appointed the Director General for the Department of Health, Mr Thami Mseleku, we would like to take this opportunity to once again welcome him to the health sector. I would also like to express my appreciation to the two Deputy Directors General, Dr Kamy Chetty and Mrs Nthari Matsau for ensuring that our Department functions effectively while they were acting in this post. The same goes to the management and staff of the Department for their dedication in ensuring optimal functioning of the Department.

I would also like to thank all the organisations that made various forms of donations to make this day a success and enabled us to provide screening services for various health conditions here today. Our intention is to demonstrate to the honourable members and guests gathered here the type of services we are offering to ensure optimal health for communities across the country.

Most importantly may I salute the thousands of health workers in our country who often work under difficult conditions to deliver health services to our people. In partnership with our communities we can achieve our objective of a healthy South African nation, free of poverty and diseases. We have resolved to start the journey to achieving this goal by ensuring that we indeed make every mother and child count.

I request this House to pass the budget of the Department of Health.

I thank you!