

2014/15 Gauteng Health Budget Vote Speech Tabled by the MEC for Health Ms Qedani Mahlangu at Gauteng Provincial Legislature

29 Jul 2014

Honourable Speaker
Honourable Premier of Gauteng
Colleagues in the Executive Council
Honourable Members of the Provincial Legislature
Members of the Mayoral Committees for Health from all the Municipalities present here today
Members of the Hospital Boards and Clinic Committees present
Distinguished guests
Members of the media
Ladies and gentlemen.

Madam Speaker I rise to table the 2014/15 Health Budget amounting to R31,5 billion. Today we will share with you - the people of Gauteng - our plans to effect radical socio-economic transformation within Health over the next five years.

As part of the ten-pillar programme of radical transformation, modernisation and re-industrialisation in the province, Gauteng Health will over the next five years turn around all public health institutions, and stabilise the finances of the department.

National Health Insurance (NHI) is a means to ensure that all people have access to health services they need without suffering financial hardship when paying for them. In South Africa, the NHI is being implemented as an instrument to ensure that those amongst us, who cannot afford to pay for healthcare, have access to quality health care they need.

The tough economic climate places an added responsibility on us to optimally use the limited resources at our disposal. In that regard, we will refocus expenditure to deliver on the new priorities of the department:

Priority 1 - Primary health care

Primary healthcare requires an activist and community-oriented approach to the delivery of healthcare.

To accelerate the provision and improvement of Primary Health Care (PHC) services, we are re-engineering Primary Healthcare in all our districts based on the Brazilian and Cuban models.

The approach of Primary Health Care Reengineering comprises of three streams:

- Ward-Based Outreach Teams;
- District Clinical Specialist Teams; and
- Integrated School Health Services.

Ward-Based Outreach Teams are the backbone of the community based health care service delivery machinery playing an important role in the promotion of health and prevention of illnesses at community level. The teams comprise community health workers providing basic health information education and making the necessary referrals to clinics where required. Currently, the Ward-Based Outreach Teams are active in 133 Wards, and we will be rolling them out to cover all 508 wards.

The department has also appointed Clinical Specialist Teams to support, strengthen and improve the quality of care in the Primary Health Care services provided at our clinics.

School Health Services will be provided through mobile vehicles that travel from school - to - school providing Primary, Oral and Ophthalmic health services. These vehicles are an innovative solution to the inevitable problems that arise in bringing services to a population that is growing

rapidly. They will increase access to health services for our children in addition to collecting valuable information for preventative care.

In support of our Family Planning initiative for mothers and young women, we are rolling out the long acting reversible contraceptives, improve the quality and choice of contraceptives and providing advice on a the full range of contraceptive choices available to them. We will ensure that nurses improve their attitude towards young women when they present themselves in our health facilities to enquire about Family Planning.

To further improve the quality and provision of PHC services in the current year, we will introduce the Ideal Clinic at Jack Hindon, Garankuwa View, KT Motubatse, Mamelodi West; and this will be expanded to all clinics over the five years. The Integrated Chronic Disease Management (ICDM) programme will also be expanded.

We must do all we can to ensure that no Mother or Child dies from a preventable cause. Achieving the 2015 Millennium Development Goals of reducing maternal mortality to 38/1000 and child mortality to 20/1000 requires us to have sufficient community health care workers that are adequately trained and resourced with emergency health kits.

Non-pregnancy infections and haemorrhage is the largest contributor to maternal mortality, whilst diarrhoea and Pneumonia results in the highest number of deaths in children. In 2013, China, Bangladesh, and Cambodia reduced their maternal and child mortality by an average of 8% and 6.3% respectively, while in in South Africa, we managed 4.7% and 0.9% respectively. We must apply the lessons learnt from their success to accelerate the reduction of maternal and child mortality in in South Africa, and in Gauteng in particular. Achieving the Millennium Development Goals (MDGs) does not necessarily imply significant additional financial resources, but rather provision of transport, emergency facilities; and well-trained and adequately resourced community health care workers in all wards.

Priority 2 – Infrastructure

The 2014/15 Health Infrastructure Budget is R 1,7 billion; of which R629,255 million is allocated for Capital Projects and R1,1 billion for maintenance works.

To improve delivery and expenditure the Gauteng Department of Infrastructure Development (GDID) will be the sole implementing agent responsible for executing all projects on behalf of the Gauteng Department of Health (GDoH). We will focus on what we do best providing healthcare services to the constituents of Gauteng. The GDoH infrastructure team will focus on planning and scoping projects to the very smallest detail to enable Department of Infrastructure Development (DID) to just hand over the keys to a completely built and equipped facility. Together with Council for Scientific and Industrial Research (CSIR) we are developing Hospital and Clinic prototypes models. Every facility in the province must be replicated.

Infrastructure Projects 2014/2019

Honourable speaker, let me take this opportunity to highlight some of our key infrastructure initiatives:

- The new Natalspruit Regional Hospital with 821 beds will be opened later this year.
- Chris Hani Baragwanath Hospital will have some refurbishment work undertaken on staff accommodation, walkways, the neo-natal ICU and the Labour ward.
- Maternity and neo-natal lifts at Helen Joseph, Kopanong and Edenvale hospitals will be replaced.
- The Hospital Revitalisation programme will involve a combination of major refurbishments and rebuild of Jubilee, Sebokeng, Kalafong, Dr. Yusuf Dadoo, and Tambo Memorial hospitals.
- New clinics and Community Health Centres will be planned and constructed at Cosmos City, Kagiso, Randfontein, Khutsong, Lehae and Randgate to alleviate pressure points within the Province
- To improve functionality of the Medical Supply Depot (MSD), we are exploring the option

of constructing new premises in line with the Medicines Control Council and other relevant licensing requirements.

- Our laundries are currently operating at a combined capacity of less than 40%; and our efforts will be focused on ensuring that individual laundries are fully functional and that there is adequate and clean linen available to all our facilities. Investigations have commenced in respect of constructing a new laundry in the Southern part of Gauteng to relieve pressure from Chris Hani Baragwanath Hospital.
- The department will also facilitate and manage Environmental Impact Assessment processes for both biogas and Health Care Waste alternative treatment technologies.
- With a growing population around Tembisa Hospital and Johannesburg Inner City population we will review the decision to close Kempton park and Hillbrow Hospitals.

Stabilising equipment by the first quarter of next year will be a key focus

We have met with all the major equipment suppliers and we are working on funding and leasing equipment models including maintenance contracts over the lifespan of the equipment. All equipment needs will be met over the next two years at all our hospitals.

To ensure there is a transfer of skills together with the equipment companies we will train 50 medical technicians.

Priority 3 - Quality public health care

Let me reassert what our Honourable Premier said: "Quality public healthcare is the life blood of a thriving economy. Healthy people are productive and enjoy a better quality of life."

We will improve the quality of care in all facilities through the implementation of the six quality priorities, of the National Department of Health's National Core Standards - Waiting Times, Availability of Medicines, Infection Control, Cleanliness, Patient Safety, and Values and Attitudes of Staff with intent to gradually progress towards adopting all facets of the core standards.

Honourable Speaker, It is no secret that the majority of our healthcare facilities are characterised by prolonged waiting times, be it at Out Patients Department (OPD), for drugs to be dispensed at Pharmacy or for a surgical procedure, which impacts negatively on the prognosis of the patients.

This impacts negatively on the economic productivity of the province and the nation at large, as a productive day lost in a queue can never be recovered – and there are thousands of such days being lost every single day. We have in partnership with the Lean institute Africa and our Partner organisations initiated a programme to address waiting times in all facilities, starting with the 36 Hospitals and systematically expanding it to the Primary Health Care facilities throughout the province. We are also partnering with South African Revenue Services (SARS) to improve our document management system as well as Emergency Management Services (EMS) response times.

To further reduce patient waiting times and the loss of files we have launched a project at Southrand Hospital to put 2 000 patient files onto a real time integrated electronic system. Our objective is to ensure that every patient file is on an electronic system over this financial year. We are hopeful that this system will reduce the amount of time it takes to find a patient file to less than ten minutes.

We have also met with the pharmaceutical companies and they are committed to look at how we can manufacture medicines locally.

As part of Mackinsey Equity Equivalence Programme they have are commitment to working with us to improving the management and operational systems in our facilities for the Department to deliver a better quality of service to our people.

Both the equipment and the pharmaceutical companies have committed to seeing how they can assist and work with the Department to help us to improve the quality of Healthcare within the Province and through their Corporate Social Investment (CSI) funds.

HIV and AIDS Prevention and Treatment

With approximately 1.5 million people living with HIV, HIV prevalence in Gauteng is 12.4% against the national prevalence of 12.2%.

As stated by the Health Minister Dr Aaron Motsoaledi in his budget vote in Parliament 24th of July 2014 "All pregnant, HIV positive women will go onto lifelong antiretroviral treatment from January, and in addition, people with HIV will start treatment when their CD4 cell count which measures immunity, drops to 500 not 350 as is the case presently.

Honourable Members, we have allocated R2,8 billion to HIV and AIDS Prevention and Treatment.

We intend to reduce the rate of new HIV infections by 50% through implementation of a Multisectoral response to HIV and TB emphasising the following:

- Scaling up HIV combination prevention interventions to address social, behavioral and structural factors that drive the epidemic.
- Scaling up advocacy, communication, information, education and social mobilisation activities, targeting vulnerable and key populations such as women, youth, girls between the ages 15- 24years, prison inmates, people living in informal settlements, people with disabilities, sex workers, truckers, gays, lesbians, bisexuals, transsexuals, intersexuals, men having sex with men and injecting drug users.
- In collaboration with the National Department of Health, rebranding both male and female condoms to make them attractive thus increasing their use.
- Continuing provision of Medical Male Circumcision to reduce the chances of HIV infection in males by 60%. Circumcisions will increase to 350,000 annually.
- Dealing with unintended consequences of HIV and side effects of drugs.

At the opening of the International AIDS Conference in Melbourne, Australia, last week Michel Sidibé, Executive Director, United Nations Programme on HIV/AIDS introduced the 90-90-90 strategy which calls for a series of ambitious new targets for 90% of people to be tested, 90% of people living with HIV to be on treatment and 90% of people on treatment to have a suppressed viral load. The goal is to achieve this by 2020. As Michel Sidibé said "90-90-90 is not just a numeric target. It is a moral and economic imperative. It will keep people living with HIV alive and healthy, protect future generations from infection, provide economic value over the long term and drive the AIDS epidemic into History."

With this in mind, we will revisit some of our targets to align with the UNAIDS 90-90-90 strategy, and the timing couldn't have been more opportune, we are after all at the beginning of a new 5 year political term.

Decreasing the Burden of TB

The Minister of Health indicated in the State of the Nation debate in June that the three (3) most vulnerable groups to TB in South Africa are prisoners, mine workers and communities who stay around or next to mining operations.

In 2012/13, there were 50,552 TB patients of whom 45,947 were new cases. In 2013/14 there were a total of 49,416 TB patients, of whom 39,292 were new cases.

Tuberculosis remains a major cause of death among HIV-positive people. In order to address the burden of diseases due to TB, we will continue to provide preventative therapy to HIV-positive patients who have not yet contracted TB. On the other hand, TB patients will be counselled and tested for HIV and those co-infected will be provided with ARVs in order to reduce mortality.

In line with the new strategic plan introduced by former Deputy President of South Africa Kgalema Motlanthe at the World TB Day commemorations TB diagnosis with a 24 hour turn-around-time will be available at all our facilities; and the number of Genexpert machines that are capable of performing the diagnosis within 24 hours will be increased to 18.

An additional five facilities providing treatment for Multiple Drug Resistant TB will be added to the existing 12 hospitals and 27 clinics that currently provide the service. This will provide decentralised management of MDR-TB so that patients can be treated at a facility of their choice instead of only at Sizwe Hospital as is currently the case, and run the risk of defaulting as they are far from their families. This will go a long way towards ensuring that non-infectious MDR-TB patients resume productive lives speedily. R225 million has been allocated to this programme.

The department will also strengthen its partnership with mines and the Department of Correctional Services as these contribute to the high burden of the disease. Infection control measures will also be strengthened.

Emergency Medical Services

The R1.013 billion is allocated to EMS over the 2014/15 Financial Year. Honorable Speaker, I need to highlight that our fleet of Emergency vehicles is ageing and inadequate to cater for the needs of the population. 800 additional vehicles are required to get us to the optimal levels. We will negotiate and form partnerships with the Private Sector EMS Companies e.g. Netcare, ER24 etc. to maximise the use of ambulances across the province. To further address the vehicle and equipment needs we will be investigating leasing models including maintained contracts with the private sector.

In improving patient transport services and Bed Bureau Management, Gauteng EMS is intending to pursue a live computer aided patient bookings system, to improve efficiency. Institutions will register patients on a daily basis for referral to receiving institutions. Receiving institutions then have champions who check their systems regularly, and are made aware of the number of patients they expect daily and from where those patients will be coming from. EMS champions will then check on their side the number of patients and allocate the appropriate vehicle. The system is purely for patients with minor ailments, which require no medical intervention. The key requirement for each facility is to have a designated area for patients to be picked and dropped off after referral or on awaiting deployment to a specific area (ward, doctor's rooms, or EMS vehicle).

This will ensure that the limited ambulances are used effectively and efficiently. Hospitals will be able to plan better for the expected number of patients, as this information will be made available to the referring hospital, EMS and the receiving facility in real time.

The Emergency Incidents Data will be reviewed to assess the frequency and type of EMS incidents. These will determine the times during which most incidents are recorded; and the staff needs for those peak times. Staff will then be allocated for duty for those times to ensure maximum staffing and that there are enough vehicles during those times for all emergencies.

Forensic Pathology Services

The Forensic Pathology Service (FPS) that we render is among the best in the world. The purpose of this service is among other things to investigate the cause of any unnatural, sudden or unexpected death. This assists the South African Police Services (SAPS) in the collection of evidence and in court cases.

The R183, 8 million has been allocated to this programme for the 2014/15 financial year. We recognise the need to keep up with the cutting edge technology. We have made provision for the procurement of Lodox scanners for the three academic forensic mortuaries - Pretoria, Ga-Rankuwa and Johannesburg.

Priority Four - Healthy lifestyles

As the Deputy Minister for Health Dr. Mathume Joe Phaahla said in his budget vote speech on the 23rd of July: "Promoting health and wellness is critical to preventing and managing lifestyle diseases."

Non-communicable diseases among the poor, such as, cardiovascular diseases (including hypertension), cholesterol, diabetes, and obesity are becoming more and more prevalent.

The Deputy Minister went on to say that: "obesity continues to be an increasing health problem. The number of people within South Africa who are overweight or obese has been rising yearly in the past few decades.

A survey done in 2012 found that the prevalence of obesity in those 15 years and older was 65.1% in females and 31.2% in males. This is a crisis for the individuals affected and for our health services and the economy."

Encouraging a healthy population is an important element of public health policy. We will expand "The Healthy Lifestyle" programme in conjunction with other departments, chiefly Sports and Social Development. The programme will also target stakeholders in the population as a whole, to address exercise, diet, smoking, alcohol, accident prevention and safer sex. In this regard, we will in partnership with local government and the private sector build more recreational facilities and increase access to training facilities in communities.

Priority Five – ICT

Any effective health system is reliant on a proper foundation of Information and communication technology. The department will be embarking on a project to upgrade our ICT infrastructure at all of our institutions. We will start with providing proper connectivity in terms of network upgrades.

The department will use Information and communications technology (ICT) to improve health in the province in innovative ways such as improving the effectiveness of our Ward Based Outreach Teams through developing a system to manage information and referrals at this level. The department will provide improved maintenance and support to the Health Information System in major hospitals.

The roll out of the PAC's system in this financial year to every hospital will enable Doctors to see a patient's X-ray at any hospital.

In keeping with contemporary trends the department will effectively utilise Social Media which provides an immediate and direct engagement with citizens. This will be done through cell phones, a tool owned by the majority of citizens, across all ages, and occupations.

Social Media platforms are an essential communication tool providing constituents with key information and for the department to respond to issues quickly and promptly allowing us to optimize communication with our people as government.

Priority Six - Green Agenda

As my counterpart at Infrastructure Development – MEC Mayathula-Khoza – has indicated, Gauteng has some of the highest solar irradiation in the world, which ranges between 1900 – 2100 kWh/m² throughout the year. Given the number and size of buildings that the Department of health utilises both as healthcare facilities and office space, and the sheer energy consumed in healthcare provision (be it to power equipment, generate heating and cooling or provide lighting), it is only logical that we would improve efficiencies, cut costs and impact the environment positively.

Old technology (to include lights and air conditioning) will be replaced with more efficient and

environmentally friendly technology. To reduce carbon emissions, 77 old coal fired boilers in 25 hospitals will be replaced with dual fired diesel/natural gas boilers. Feasibility studies are also underway for establishing a gas pipeline to support the boilers as well as tri-generation plants at the central hospitals.

Activity Based Costing

There is no empirical evidence indicating whether the department is adequately or underfunded. The department will work with private sector and other players to determine the actual costs of operating healthcare facilities at all levels from ward based outreach teams to central hospitals. In taking this process forward, the department is establishing a data repository for on-going financial and resource utilisation analysis.

During the past financial year, hospitals implemented functional business units for purposes of assisting in assessing and estimating the actual cost of services. At this stage the exercise is being carried out in a few clinical departments. A phased roll-out to all disciplines and wards will be scheduled over the coming 2-3 years. Key to a functional business unit is a well-managed ward, and the ward is to be used as the smallest cost centre.

We have thus allocated R6, 4 billion to our regional hospitals with the exclusion of the three recently re-categorised tertiary hospitals. We are in the process of aligning our Memorandum of Agreement with the three medical universities in line with new priorities. I therefore take this opportunity to commend Medunsa, Wits and Pretoria Universities for their support to this integrated service delivery approach.

Accruals

For the financial year ending 31 March 2014, the department disclosed accruals to the value of R1.4 billion. For the same period, there were no accruals relating to municipalities for transfer of payments for Emergency Medical Services (EMS), HIV and AIDS and Primary Health Care. The department has made substantial progress in making payments to suppliers.

By the end of the first quarter of June 2014, the department had settled R1.3 billion of the R1.4 billion disclosed as accruals. The department continues to release payment runs on a bi-monthly basis.

The department is continuing with the exercise of conducting prepayment audits for invoices older than three months. In this regard, an amount of R50-million has already been paid to suppliers whose invoices were validated through the prepayment audit process.

Revenue Collection

We are not doing enough to maximise revenue collection and we need to build our partnership with South African Revenue Service (SARS) to ensure that those people who can afford to pay – pay and do not drain our very limited state resources. We are confident that through our partnership with SARS, we will get better results in the area of revenue collection.

Human Resources

It is often said, but not properly appreciated, that our greatest asset is our people. Let me express my gratitude and heartfelt thanks to those Doctors and Nurses who go beyond the call of duty. Your commitment to the profession is acknowledged and makes a positive impact in the delivery of Healthcare in Gauteng. I was inspired to see the young Doctors and Nurses at Charlotte Maxeke Academic Hospital on Mandela Day and we must do all we can to continue to inspire these young Doctors and Nurses to continue with the passion they have for their profession. We must build a cadre of Doctors and Nurses who are the backbone of our Healthcare system and understand that putting patients first is central to our work. We must ensure that working conditions are of a high standard and the tools of trade are always

available.

In conclusion, one of the central teachings of the late former president Nelson Mandela was to ensure that we selflessly serve the cause of humanity with dignity, respect and great integrity. It is therefore appropriate that as we celebrate 20 years of our young democracy we reaffirm and pledge our commitment to these values as we continue to improve the quality of life of our people. In doing so, Madam Speaker, we will not only be honouring the legacy and memory of this great icon of our struggle, but we will be moving South Africa Forward!

I would like to thank the officials at the department who worked tirelessly for us to present the detailed set of achievements and deliverables that we outlined in this Budget Vote. A special word of thanks to the Honourable Premier, my colleagues in the Executive Council and in the Legislature for your support.

Let me also take this opportunity to thank my family for their unwavering support. They continue to inspire me to work tirelessly as we continue to improve the quality of healthcare in Gauteng.

I thank you.