

SPEAKING NOTES
FOR THE DEPUTY MINISTER OF HEALTH, DR.
SIBONGISENI DHLOMO, MP - HEALTH BUDGET
VOTE
DATE: 09 MAY 2023

Honourable Chairperson

Honourable the Chair of Portfolio Committee

Honourable Minister of Health, Dr MJ Phaahla

Honourable Ministers and Deputy Ministers present

Honourable Members of the National Assembly

MECs of Health present

Heads of Public Entities and Statutory Councils

Distinguished guests

Ladies and Gentlemen

It is an honour to make contribution to the Health Budget Vote for the 2023/24 financial year.

The recently approved National Strategic Plan for the Prevention and Control of Non-Communicable

Diseases and the roll of the National NCD Campaign will accelerate the country's response to the challenges of NCDs. The National Non-Communicable Diseases (NCDs) Campaign has been established to strengthen the district's community-based response in line with the Integrated People Centred Health Service approach on the prevention and control of NCDs.

The NSP endeavours to lay a foundation for action through a cascading strategy, similar to the 90-90-90 approach for HIV and AIDS, and TB. This strategy will initially be designed to address the burden of diabetes and hypertension and will be refined and updated progressively to include other NCDs.

The proposed 90-60-50 cascade for diabetes and hypertension are the first steps to improving early detection and treatment of NCDs as follows:

- 90% of all people over 18 will know whether or not they have raised blood pressure and/or raised blood glucose;
- 60% of people with raised blood pressure or blood glucose will receive intervention; and,
- 50% of people receiving interventions will be controlled.

Our aim is to have 25 million people screened annually for high blood pressure and elevated blood glucose respectively, to ensure ongoing surveillance and early disease detection & diagnosis. Progressively from April 2022 to January 2023 we have surpassed the set targets by conducting a total of 32 633 610 screenings for high blood pressure and 31 757 503 for raised blood glucose. However, the challenge remains adherence to treatment and sustaining a healthy lifestyle.

We, however, acknowledge that poor levels of control of diabetes are associated with patients lacking access to monitoring and receiving immediate feedback on their blood tests. PHC facilities are being provided with point of care HbA1c devices which will allow patients to receive immediate feedback when their blood sugar levels are monitored.

CLASSIFICATION OF INDIVIDUALS ACCORDING TO THEIR STATE OF HEALTH IN A HOUSEHOLD OR SOCIETY

Dr. NMT Gumedé Greys Hospital
Doctor en Medicina, Universidad de Cuba

Concept (Dispensarización)

This is the process that consists of the organized, dynamic and regular evaluation of the state of health of the individuals in the context of their families and or the society where they live, with the purpose of improving their wellbeing through planning and the development of action plan that will contribute to it.

Classification Groups

Group	Classification	Description
1	Apparently Healthy	(No risks of disease or disease)
2	At risk	(All those at risk of illness i.e. smokers, family hx of disease etc.)
3	Sick	(Diagnosed with a disease i.e. HPT/DM/Mental Health/ etc)
4	With Complications/disability	(Known diabetic with diabetic foot, or retinopathy)
5	Not assessed	(Not seen and classified in the past year.)

With this classification, health care workers through multidisciplinary teams, are able to sit down, look at the data collected and plan on the urgent interventions to the family and or society.

This will assist to move them from higher classification to lower classification group. With exception of permanent disability, and chronic diseases. The rational is to try and keep group 1 in group 1, group 2 to move to group 1 where it is practical, ie stop smoking, group 3 to group 2, i.e. Life style modification can reduce the need for medication. Group 4 to group 3 i.e. uncontrolled DM to controlled DM reducing the risk of complications and Group 5 to group 1,2,3 and 4.

These intervention can take different forms. From individual, family and society or community interventions.

Central Chronic Medication Dispensing and Distribution

Our flagship programme called Central Chronic Medication Dispensing and Distribution (CCMDD) or fondly called by patients at “DABPLAP MEDS”, meaning short cut, creates an alternative access to chronic medication.

Now that people live longer, the burden of costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years continues to grow. This is a positive impact informing one of the overarching goals of the National Development Plan which focuses on raising the life

expectancy of South Africans to at least 70 years by 2030.

Since the start of the CCMDD programme, we have 5 658 427 patients registered on the CCMDD program with 2 935 416 patients are actively serviced through CCMDD. Over 1 711 870 (58%) patients are collecting their medicine parcels from Private sector Pick up Points and the remainder pick from the public health facilities. With the largest ARV programme in the country, 2 415 937 (almost 40%) of patients who are on Anti-Retroviral Therapy, receive their treatment from CCMDD.

Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable. Without improvements in service delivery, people will be unable to access the high-

quality health services that meet their needs and expectations.

A total of 240 957 patients benefitted through the dispensing of three months' supply, which means that patients collect the first dispense of three months from the facility and three months later they collect from CCMDD, then patients goes back to the facility for review. This cuts the number of visits to the PUP thereby saving money.

You would recall that I presented that CCMDD won the Centre for Public Service Innovation award, following that award CCMDD through the office of DG of Health sent the innovation to African Association of Public Administration and Management (AAPAM). Out of submissions from 168 countries, CCMDD was a finalist in the top 5. During the 41st AAPAM roundtable conference held at the University of

Western Cape in December 2022, CCMDD South Africa took the bronze medal award.

This is indeed a great honour for the Department and all patients its serves, not forgetting the passionate, committed and dedicated people both from public and private sector that work so tirelessly together to serve the population that is most vulnerable.

Mental Health

As you may be aware, mental health is a critical component of the health system. During 2022/23 financial year, the situation in the country started to stabilise gradually following the interruptions as a result of the COVID-19 containment measures. Our focus, post the COVID-19 pandemic, is a growing burden of mental health in the country.

We have seen how a physical illness impacted negatively the mental health of people- those with or

without pre-existing mental health conditions. We are finalising the review and update of the National Mental Health Policy Framework and Strategic Plan.

The twelve action areas and eight key strategic objectives of the National Mental Health Policy Framework and Strategic Plan will guide us as we further strengthen the mental health system in a manner that promotes integration of mental health into the general health services environment as envisaged by our mental health legislation, intersectoral collaboration in the area of mental health whilst upholding human rights for people with lived experiences of mental illness; and ensuring availability of the required infrastructure and human resources.

This strategy document packages the interventions that will be prioritised for the period 2023 to 2030 as

we further strengthen the mental health system with focus on the three critical pillars, namely:

Strengthening mental health promotion and mental illness prevention interventions to address the upstream risk factors for mental illness in collaboration with other key sectors as most of these risk factors lie outside the mandate of the health sector. These include risk factors like poverty, substance abuse, gender-based violence, unemployment, chronic illness, disasters and many more. We plan to do more to increase public knowledge on mental health issues including early signs of mental illness, avoiding preventable risk factors, early help seeking behaviour for mental illness symptoms and where people should go for help and treatment.

Strengthening human resources for mental health. We know that unlike other disciplines that require mostly sophisticated technologies to diagnose and treat illnesses, mental health require mostly human resources to diagnose, care, treat and rehabilitate mental illnesses. There is a need to continuously upskill our professionals to ensure that they have the required capacity for early identification and treatment of mental illnesses. In the previous budget speech, I indicated that we were implementing a project of training generalist health care workers on basic clinical mental health skills. We are continuing with this project as we think it is critical. Since 2019/20 we have trained a total of 2 393 medical doctors and professional nurses through this project.

We have motivated for funds from the National Treasury to contract private mental health care

professionals to complement the already existing staff and render mental health services at primary health care. Provinces have used this indirect grant to contract psychiatrists, psychologists, occupational therapists, social workers and registered counsellors to render mental health services at primary health care. The contracted clinical psychologists and psychiatrists also conduct forensic mental observations of accused referred by the Courts in terms of the Criminal Procedures Act, 1977.

Mental health content has been integrated into the curriculum of community health care workers. This cadre will assist in identifying and referring those that need mental health services as they visit households.

Strengthening the mental health service delivery platforms. We have done a lot as a country in our

endeavour to integrate mental health into the general health services environment in compliance to international standards in the area of mental health. Among others are the following:

All primary health care facilities in the country now render mental health services in line with the available capacity.

To date, a total of 40 out of the 336 hospitals have a mental health unit attached. Out of our 24 specialised psychiatric hospitals, 14 are designated to admit State patients and 10 have a capacity to conduct forensic mental observations.

We will continue to strengthen our collaboration with the Department of Correctional Services, Justice and Constitutional Development, South African Police Services and National Prosecuting Authority to

improve our outcomes in the area of forensic mental health.

We continue to strengthen community based mental health services by licensing and providing subsidies to these facilities which are mostly run by the civil society organisations. There are currently 297 residential and 133-day care community based mental health facilities that are licensed and subsidised by provincial departments of health in terms of Regulation 43 of the General Regulations of the Mental Health Care Act, 2002 as amended.

Honourable Chairperson

The National Department of Health is participating in the Cluster: Social Protection, Community and Human Development, which coordinates implementation of cross cutting focus areas that affect women, youth and persons with disabilities.

One of the outcomes is to increase access to development opportunities for children, youth and parents/guardians including access to menstrual health and hygiene for all women and girls.

Human papillomavirus (HPV) Vaccination Programme

Honourable Chairperson

Cervical cancer is one of the most common cancers in women. Many women die from cervical cancer. HPV is the leading cause of cervical cancer. HPV vaccine reduces women chance of developing cervical cancer. The HPV needs to be extended to all girls in schools. Some parents in private schools have shown interests in this programme, indeed no one should be left behind.

To this end, the Department is implementing various interventions in efforts to introduce measures to ensure early development screening for all children and address the issues identified under this priority areas. We have made significant progress over the years on different interventions for children between the ages of 0-8 years screened for developmental delays and/or disability and receiving individualised support as well as immunisation coverage under the age of 5 years.

Significant progress has been made over the years on increasing access to health services for children and school health services. I am happy to report that between January 2019 and December 2022, more than 2.1 million learners were screened. Of these, more than 1.1 million grade R and grade 1 learners were screened and subsequently referred for interventions on barriers to learning. In addition to that, around 1.8 million Tetanus-diphtheria (Td)

doses were administered to children aged 6 years while around 3.8 million children under the age of 1 year, were fully immunised.

Online birth registration system

Honourable Members

Since 2019/20 financial year, we have rolled out an online birth registration system in 1445 health facilities with maternity wards across the country, for the registration of birth and issuance of birth certificates on the spot. The project ultimate's goal is to provide relevant and appropriate birth registration infrastructure in health facilities to ensure that children born in these health facilities are registered and issued with a birth certificate before they leave or discharged from hospitals.

The project has since inception capacitated 161 high birth health facilities with online birth registration system which covers approximately 68.35% of the total births delivered in 1445 public health facilities. The department is still on course with the rollout of birth registration system in health facilities and envisaged to rollout the system in all outstanding high birth rate health facilities during 2023/24 financial year to cover health facilities responsible for approximately 84% of birth delivered across the country in public health facilities.

The Births and Deaths Registration Amendment Act (Act No. 18 of 2010), stipulates that all children born in South Africa must be registered within 30 days of their birth. Thus, registration of birth where it occurs remains an effective mechanism to ensure that children are registered within 30 days of their birth and adherence to Birth and Death Registration Amendment Act.

In 2021, a proportion of 74,6 % of births that occurred complied with this amendment according to the latest Recorded live births, 2021 statistical report released by Statistics South Africa on the 28th December 2022. A total of 1 087 526 births were registered in South Africa in 2021. Of these, 949 757 (87,3%) were births that occurred and were registered in 2021 (current birth registrations), while 137 769 (12,7%) were births that occurred in the previous years but were registered in 2021. Of the total 949 757 children born in 2021, there were 498 573 males and 491 056 female births. Late registrations of birth after the lapse of 30 days but before end of the year, also decreased from 25% in 2020 to 20% in 2021.

Malaria Disease

Honourable Members

Malaria is one of the most severe public health challenges across the world, it is a life-threatening disease caused by blood parasites that are transmitted to people through the bites of infected female mosquitoes. It is also one of the leading causes of deaths in many developing countries. Through strengthening malaria prevention and control measures, the malaria burden can be reduced dramatically.

Malaria community awareness is a key component and should be incorporated into our health promotion awareness campaign, thus, ensuring all citizens are educated on malaria signs and symptoms. This should form part of ongoing efforts to raise awareness about malaria risk factors and preventative measures. Malaria endemic provinces namely Limpopo, Mpumalanga and KwaZulu-Natal should strengthen their awareness campaigns considering the upcoming Easter holidays.

South Africa's target to eliminate malaria in the year 2023 might have not yet been realised, however, South Africa is now on track to meet the Global Technical Strategy targets set for 2025, with at least a 40% reduction in Malaria case incidence. As a country our efforts in the reduction of morbidity and mortality have been lauded by the World Health Organization, we received an award for efforts in ensuring domestic resource mobilisation for malaria elimination.

Thus, South Africa is still committed to achieve malaria elimination, though a slight increase of malaria cases by 8 % was observed (from 7055 cases in 2022/23 versus 6492 cases in 2021/22 financial year). Malaria deaths also showed a 19% increase in the same period. This is attributed to the lifting of travel restrictions and the screening and treatment of

the mobile migrant population for malaria at the border areas.

Of note, South Africa will not be able to eliminate Malaria by itself, hence we together with SADC member states, have committed ourselves collectively to the goal of elimination of Malaria. our commitment is shown through collaboration in various initiatives within the region such as Malaria Elimination 8 initiative (E8) and the Lebombo Spatial Development Initiative 2 (LSDI 2), a malaria cross border initiative among South Africa, Eswatini and Mozambique.

Medical Interns and Community Service Training Programme

Honourable Chair

The Department has achieved significant progress in ensuring that statutory requirements for internship and community service are met. Project Plans for the allocation placement of interns and community service candidates are concluded by September of each financial year.

Annually, the Department manages to allocate and publish all eligible South African Citizens and Permanent Resident applicants for medical internship and community service, to funded positions. Over the years, since 2020 the Department has managed to allocate a total 8972 medical internships and 30 368 community service posts.

Nelson Mandela Fidel Castro Programme

Honourable Chair

The inspection of the Programme in 1997, it has produced a total of 3027 doctors who, in majority were deployed to underserved communities, including the

rural areas and townships as part of its founding objectives to alleviate the shortage of doctors in the country, especially in the historically disadvantaged communities and well as to improve human resource capacity and strengthen the healthcare system in the country.

The National Department of Health will this year in partnership with the University of Cape Town, hold a graduation for 410 doctors scheduled for the 7th July 2023. This group forms part of students who were in the integration programmed in South Africa and wrote the Cuban National Examination in December 2022 and March 2023 respectively.

The graduation ceremony will be preceded a two-day joint academic meeting hosted by the two institutions meeting to be attended by the academics from the Cuban Public Health and the South African counterparts in the Medical Schools responsible for

the collaboration of the Nelson Mandela Fidel Castro Medical Programme.

The Cuban Medical training has a Primary Health Care approach and as the Department we have started the discussions with local Medical Universities to ensure that the Medical Training in South Africa has a strong PHC arm using the Cuban Model, which has proven to be effective.

Ex-Mineworkers Compensation Fund Programme

There has been a remarkable turnaround of the MBOD and CCOD, which deals with compensation for occupational lung diseases in the mining sector. Over the last financial year, the CCOD paid 170 million rands for 6 689 claims and certified 10 212 medical assessments. These remarkable outputs are due to many partnerships, but in particular the mining companies and Minerals Council South Africa, who

are funding the technical and specialised human resources to assist the Commissioner.

The other partners include the unions, ex-mineworker associations, the class action settlement trusts and provident funds and traditional leaders, provincial, local and neighbouring country governments and other national departments.

As you may be aware, I have been tasked to lead the troika of Deputy Ministers – Mineral Resources and Energy, Employment and Labour and Health in this major task of ensuring the legacy problems facing ex-mineworkers in accessing medical services and unpaid benefits is resolved. There is approximately 10 billion rands of unpaid social protection benefits due to ex-mineworkers.

We have hosted successful outreach programmes for ex-mineworkers in the North West, Eastern Cape

and KwaZulu-Natal provinces and later this year will be in the Free State, Northern Cape and neighbouring countries. These One Stop service activities provide for claims lodgement, medical assessments, access to unpaid benefits and primary health care screening. This programme ensures that government working with partners can bring services closer to our people.

In Conclusion

Honourable Chairperson,

The Department of health is working hard to build a community-friendly health care system and a resilient health system to achieve universal health coverage. We have begun to reap the benefits of our investment. It is now important more than ever to stay focused and build a healthier nation.

We also acknowledge the fact that 461 Very Small Aperture Terminal (VSAT) broadband services have been successfully installed at the critical COVID-19 Health Clinics as identified by the Ministry of Health and the Department of Communication and Digital Technologies (DCDT) as at end of December 2021.

We acknowledge the effort and commitment from DCDT in providing connectivity, equipping these critical centres with connectivity infrastructure required to tackle and treat COVID-19 cases. The roll-out of our services across remote regions of the country has been accelerated, and it has also greatly improved medical services and provides patients with greater access, regardless of geographic proximity, to quality healthcare. We intend to leapfrog from these connections to lay the foundation to NHI, whose backbone is digital health systems.

These services have become critical and essential to the Department of Health, as it has provided a vital internet communications platform to ensure that information is accessible with speed via a reliable internet platform.

We thank you for the opportunity to address you!