

# **SPEAKING NOTES FOR THE DEPUTY MINISTER OF HEALTH, DR. SIBONGISENI DHLOMO, MP - HEALTH BUDGET VOTE**

Tuesday, 10 May 2021

Honourable Chairperson

The Chair of Portfolio Committee

Hon Minister of Health, Dr MJ Phaahla

Hon Ministers and Deputy Ministers present

Honourable Members of the National Assembly

MECs for 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 2022/2023. The COVID-19 pandemic greatly disrupted the provision and uptake of health services, and now we have begun to integrate COVID-19 management into essential services.

We need to mobilise communities and individuals to get back to healthy lifestyle activities, health promotion and preventative care. We need to deal with the challenge of non-communicable diseases which began to rise before COVID-19, as well as its impact on mental health

The escalating burden of non-communicable diseases including mental health has serious impact on the health and development of our communities. It is estimated that 80% of commonly experienced NCDs result from preventable risk behaviours and this increasing burden is presently resulting in high mortality, morbidity and disability at great cost to patients, their families, communities, the health systems and economy at large.

Hon Chair

During the Covid19 pandemic we observed that persons with known and unknown hypertension, diabetes as well as those who are obese, were more likely to experience serious illness and even death. This clearly demonstrated the urgency to identify persons with these non-communicable diseases, link them to care, and address the social and economic determinants of health.

I am confident that the recently approved National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, and the rollout of the National NCD Campaign will accelerate the country's response.

Currently, **the Medium Term Strategic Framework (MTSF)** 2024 target 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. I am happy to report that we had surpassed these targets because a total of 29 752 764 screenings for high blood pressure and 28 755 404 for blood glucose were conducted between April 2021 and February 2022.

Our flagship programme called Central Chronic Medicine Dispensing and Distribution (CCMDD) which aims to provide an alternative mechanism to facilitate access to medicine for stable patients, has assisted in ensuring chronic medication access during the pandemic when the lockdown restrictions were implemented.

The CCMDD has a footprint in 8 provinces, 46 districts, and over 3 587 public health facilities. It has contracted over 2860 external pick-up points which patients may opt to collect their medication from, and these include retail pharmacies, doctor's practices, nurse practices, businesses as well as innovations such as smart lockers and retrofitted containers.

Patients can collect their medicines from external Pick-up Points (PuPs) of their choice. It makes it easier and more convenient for patients to choose their most suitable Pick-up Points, which could be closer to their home or place of work, thereby cutting down transport costs. Some of the benefits of these Pick-up Points include longer operational hours, accessible for collection on weekends and public holidays, time saving because it takes less than ten minutes to collect medication packs.

We also made it possible for family members including children to be registered as proxies to be able to medication on behalf of their parents. The number of collection points is increase as retailers are registered to ensure that their clients are able to shop and access their life-saving treatment in one place.

Furthermore, the patient-centric approach CCMDD continues to evolve and adapt to patients needs and the overarching public health response in South Africa. For the clinicians, it has become easier to capture and write an electronic script. The electronic system has been deployed to 28 Districts, 2 309 facilities, and now illegible hand writing from the clinicians is a thing of the past.

The CCMDD, through the office of Director General has documented its innovations and submitted it to the Centre for Public Service Innovation. At the awards ceremony CCMDD was awarded the winner in three categories, which are winner for GEMS Award; Innovation Harnessing Technology and lastly, Innovator of the Year.

Let me say this Honourable Chairperson: It takes the dedicated and willing stakeholders from both Public and Private sectors, who together have joined forces to make CCMDD a success hence we have today we are glad to report that a total number of 5 013 074 million patients have enrolled on this programme since its inception in 2014/15. It has an average growth of 625 000 per year and we aim to enrol more patients.

Honourable members

As you may be aware that, South Africa faces a serious oncologist challenges, we have expanded these services in most provinces, especially in areas such as childhood cancers and palliative care.

The treatment programmes target four main areas which include Cancer Oncology (linear accelerator machine); Nuclear Medicine (Radio Therapy Equipment Rollout); CT Scan (Oncology) and Cancer Brachytherapy.

The audits have been done on the equipment at all facilities and plans are in place to replace ageing equipment. During this financial year 2022/23, R257m has been allocated in NHI Grant to six provinces to support oncology services.

The National Tertiary Services Grant (NTSG) also allocates funds to oncology services to provinces. For example, in the Eastern Cape Province, improvements with regards to replacement of linear accelerator have been made in Livingstone and Frere, while in KwaZulu-Natal R20 million was allocated to outsource oncology services.

The same is applicable to Limpopo where funds to outsource same services were set aside. In Mpumalanga, a tender for two bunkers was advertised, while Medical Physicists or professional consultants were appointed in the Northern Cape. A new linear accelerator machine, otherwise known as LINAC was procured for North West and the second one will be secured for the year 2024.

Although there were no major recorded challenges in the Western Cape, but we will closely work with the province to ensure troubleshoot any new challenges as and when they emerge.

The HPV programme is in place in all high schools for vaccination of girls of the aged 14 years. South Africa introduced the Human Papillomavirus (HPV) vaccination campaign nationwide in Feb/March 2014 to reduce the incidence of cervical cancer.

In the past five years (2017 – 2021), 1 581 441 first doses and 1 331 605 second doses have been administered. Due to the shift from Grade 4 to Grade 5 girl learners during 2020 only a small number of girls were eligible for vaccination during that year. This limited the impact of school closures which would otherwise have impacted severely on the programme. During 2021, coverage for first and second doses was 88% and 83% respectively.

The sector has a long-term national cancer plan and is currently costing the various sub-programmes (prostate, etc). The Department of Health has established a working group with community groups and NGOs that is focussed on personnel, equipment and infrastructure. It will also be adding the private oncology capacity to the plan.

It will take a while, but we are pulling all the divergent parts together and will add the private oncology capacity to the plan this year

According to the World Health Organization, the COVID-19 pandemic has had a major impact on people's mental health. Some groups, including the frontline workers, students and those with pre-existing mental health conditions have been particularly affected.

This has further illuminated the need for effective mental health systems in countries and the discrepancies to be addressed. This is compounded by the large treatment gap that our people are faced with exacerbated by socio-economic disparities and other social determinants of mental health.

Common mental health problems like depression, anxiety, alcohol and other substance use disorders make it difficult to adhere to life saving medications for chronic conditions and therefore undermine the treatment targets.

The recent increase of disasters has added to already strained mental health service needs. Of greatest concern is the long-term and far-reaching human, psychological, social and economic consequences of the pandemics, disasters and emergencies on the entire communities and societies.

The department will be scaling up mental health promotion, prevention, treatment and rehabilitation interventions, to cover general population as well as health care workers, who have carried us through the difficult times during the Covid-19 pandemic and natural disasters.

Department of Health has put various interventions in place to improve mental health services including, and this include building capacity for planning and mental health system strengthening at district and primary health care level by establishing district specialist mental health teams to plan, coordinate and facilitate integrated mental health services across the priority programmes.

Secondly, we will also improve the efficiency of service delivery through decentralization and integration of mental health services into the general health service environment.

The other important aspect of the plan is to strengthening institutional capacity on mental health through the establishment of Mental Health Review Boards in all provinces. These are quasi-judicial structures instituted in the Mental Health Care Act, No 17 of 2002 to ensure and uphold the rights of our mentally ill people.

We are also going to invest in primary care and community-based mental health services to improve access and efficiencies in the services rendered to our people. The Regulations for the licensing of community day care and residential care facilities for people with mental illness and severe or profound intellectual disability will be soon published for public comments.

Strategic purchasing mental health services through contracting psychiatrists, psychologists and Registered Counsellors through the NHI conditional grant to enhance screening, early detection, treatment and referral for mental disorders at Primary Health Care Level. These professional categories have been expanded this year to include Social Workers and Occupational Therapists.

Honourable Members

The Department will further invest in human resources for mental health and training of generalist health workers. The total number of 1200 in 2020/21 and 587 health care professionals in 2021/22 were capacitated on the screening, early detection and management of common mental health conditions in general health settings.

An additional 600 health professionals will be trained this year, and we will invest in mental health infrastructure to ensure adequate quality of service provision and care closer to the community. Inpatient psychiatric units are attached to district and regional hospitals and psychiatric hospitals are included in the departmental hospital revitalization plans.

We embrace intersectoral collaboration with our stakeholders which include government departments, NGOs, Professional Associations and other institutions such as the South African Human Rights Commission on mental health interventions because mental health is not just a health issue.

While we are undertaking all these initiatives, we also pay attention to vulnerable populations such as the Truth and Reconciliation Commission (TRC) victims and those affected by natural disasters.

The department is also implementing initiatives and preventative measures outlined in the Health Sector Drug Master Plan to protect our people, in particular children and youth from drug use initiation.

This also includes practical measures to prevent progression to severe drug use disorders through appropriately targeted early interventions for people at risk, while actively collaborating with the local and international stakeholders on the drug problem.

Malaria is a potentially life-threatening disease caused by blood parasites of the genus and one of the six major causes of deaths from communicable diseases. Increased malaria prevention and control measures are dramatically reducing the malaria burden. We have just commemorated World Malaria Day two weeks ago in Mangweni community in Inkomazi Municipality in the province of Mpumalanga.

This was part of our ongoing efforts to raise awareness about malaria risk factors and preventative measures. Although we are aware that this is not malaria season in the country, but this should be a year-long programme and incorporated into our health promotion awareness campaign.

Thus, South Africa is still committed to achieve its target of malaria elimination by the year 2023, though a slight increase of malaria cases by 5 % was observed (from 6 329 cases in 2021/22 versus 6 005 cases in 2020/21 financial year). However, it is gratifying that a 4 % slight decrease in malaria deaths between 2020/21 and 2021/22 even though there were delays in health-seeking behaviour due Covid-19.

As a country, we are committed to the malaria eliminating agenda throughout the SADC region, and this is shown through our commitment and collaboration in various initiative within the region such as Malaria Elimination 8 initiative (E8) and the Lubombo Spatial Development Initiative 2 (LSDI 2) a malaria cross border initiative among South Africa, Eswatini and Mozambique.

Malaria elimination can only be achieved through a concerted cross-border effort, which aims to harmonise malaria polices, optimise intervention coverages, and synchronize operations.

In the coming financial year, the Department of Health and partners will focus on strengthening and implementation of interventions to clear malaria foci at a sub-district level. Some the targets and objectives for South Africa to realize its malaria elimination goal are as follows:

- Strengthen and sustain the surveillance systems so that 100% of malaria cases are reported into the malaria information system (MIS) within 24 hours;
- Protect all populations at risk to achieve at least 95% coverage with key vector suppression strategies and interventions and
- Ensure universal access to diagnosis and treatment in endemic and non-endemic areas according to national guidelines.
- Operationalize district cross border committees with Zimbabwe, Mozambique, Eswatini, and Botswana.

- Provide effective management, leadership, and coordination for the optimal implementation of malaria elimination interventions at all levels.

With regards to birth registration initiative at health facilities, we are working closely with the Department of Home Affairs to help mothers register their children immediately before leaving a hospital or health facility and receiving a birth certificate.

The project to roll-out birth registration system in health facility commenced in 2005 as a result of the partnership between the two departments. The Department of Health provides the Department of Home Affairs with office space in our health facilities and access to its local area network for internet connectivity of most of the public health facilities for the registration of births.

By the end of 2013/14 financial year, the department of Home Affairs was provided 391 health facilities with maternity wards where births were registered, and birth certificates issued through online birth registration system and manual application. Out of the 391 connected health facilities, 322 are public health facilities and 69 are private

The plan is to roll-out the online birth registration system to selected 1445 high-volume public health facilities between 2019/20 and 2024/25. The 2022/23 target is to reach 127 facilities

The primary objective is to attain universal birth registration by providing infrastructure that is accessible to register every birth delivered in order to close the gap between the actual live births and registered births.

Birth registration as a national policy is also linked to the Rights of a Child as stipulated in Article 7 of the United Nations Convention on the Rights of the Child that says: “The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents”.

The total number of 1 002 577 deliveries have been recorded in the past financial year from the public health facilities. Private sector is additional percentage based on uninsured population and there no accurate figures from District Health Information System (DHIS).

Honourable Chair

The Nelson Mandela Fidel Castro Medical Collaboration Programme was established by presidents Nelson Mandela and Fidel Castro in 1996 as part of the various bilateral agreements between South Africa and Cuba.

The objective of the programme was to address the over-concentration of health personnel in urban areas and in the exclusionary private sector; insufficient personnel who were also not in possession of the necessary training and the under-provision of health care in rural and peri-urban areas, as well as informal settlements.

The recruitment drive provided the following opportunities within the country, introduced a New Medical Model focusing on preventative and promotive health care services than the current curative Health Care System.

The provision of medical doctors in the communities where the students were recruited due to contractual obligations that compelled students to service their communities after completion of studies for the number of years funded. We recruited 3762 Students from 1997 to 2012. In 2012 we increased the numbers in order to complement the local training capacity of medical doctors which was minimal at that stage.

We are proud to indicate that this training has increased the capacity of medical doctors who are placed in rural areas and within the public sector. From inception in 1997 to March 2022 we have produced 2556 doctors, some who are now Specialists.

Annually since 2018 we have been producing more than 600 doctors through the Nelson Mandela Fidel Castro Medical Collaboration, a milestone that exceeds our local production of medical doctors. Just in December 2021 we graduated 1292 doctors in this programme, a very outstanding milestone in the history of production although this was necessitated by the delays due to COVID 19 insurgence.

As we speak, we have an additional 466 medical students integrated into the South African Medical schools in 2021, and we are expecting 103 during July 2022 from Cuba to join into the integration.

## **Public entities & Statutory Councils**

### **National Health Laboratory Service**

The National Health Laboratory Service (NHLS) remains the largest diagnostic pathology service in South Africa, with a network of approximately 233 pathology laboratories. It is responsible for all diagnostic services to the public sector catering for approximately 80% of the South African population. It runs the largest HIV and TB program in Africa and conducts tests for several priority diseases.

The NHLS has conducted 10,936,295 COVID-19 tests as at the 06 April 2022. Of the total amount of tests conducted, 7,665,227 were done on PCR and 3,271,068 were done using the SARS CoV-2 antigen rapid test. Total number of laboratory of 24 675 963 tests were conducted as of the 9th May 2022.

An amount of R8,8 billion is budgeted in the 2022/2023 financial year for laboratory services programme, to provide equitable service coverage, through implementation of Point of Care Testing, Digital Pathology, modernisation of testing equipment. The forensic chemistry laboratory function will shift from the Department of Health to the NHLS in 2022/2023 financial year.

The National Institute for Communicable Diseases will continue to play a pivotal role in government's response to the COVID-19 pandemic, in addition to providing surveillance and advice including the sequencing of SARS-CoV-2 variants and other diseases. To support these efforts, the NHLS budgeted R467 million to deliver a robust and efficient communicable disease surveillance system and outbreak response.

The National Institute for Occupational and Environmental Health continues to provide occupational and environmental health support across all sectors of the economy to improve and promote worker's health and Safety. The NHLS budgeted R166 million for the 2022/2023 financial to support these efforts.

### **South African Health Products Regulatory Authority**

As the country continues to deal with the COVID-19 pandemic, South African Health Products Regulatory Authority (SAHPRA) also continues to be agile in response to the COVID-19 pandemic by focusing on the three pillars of safety, quality and efficacy by ensuring that it fast-tracks priority health products to protect and save lives.

With regards to regulatory decisions taken on COVID-19 vaccines, Pfizer (Cominarty) and Janssen were approved. SAHPRA is also providing access to ivermectin for the treatment of COVID-19 through the controlled compassionate use programme for approved unregistered ivermectin products.

The programme is currently under review based on the most recent scientific medical data available. As South Africans continue to receive COVID-19 immunisation, SAHPRA is closely monitoring the COVID-19 adverse events through the MedSafety App.

## **South African Medical Research Council**

Since the onset of the pandemic, the South African Medical Research Council (SAMRC) has been supporting the National Department of Health and collaborating with various stakeholders towards a concerted Covid-19 response.

Between 17 February and 17 May 2021, the SAMRC, together with the National Department of Health, Desmond Tutu Health Foundation, CAPRISA and Johnson and Johnson, provided early access to the Ad26COV2.S, the Johnson & Johnson vaccine to health workers in the Sisonke study. In total, 496 424 health workers received a dose of this vaccine as part of a Phase 3B real world study to evaluate its effectiveness in South Africa among health care workers.

The single dose Johnson & Johnson Covid-19 vaccine demonstrated effectiveness against severe Covid-19 disease and death post-vaccination, and against both Beta and Delta variants of concern. In December 2021, Sisonke participants were offered a boost with the Ad26COV2.S vaccine to ensure protection ahead of the fourth wave.

## **Council for Medical Schemes (CMS)**

CMS principal intervention was the inclusion of COVID-19 as Prescribe Minimum Benefit after the submission by the CMS to the Minister of Health. The CMS further intervened when it registered a complaint to the Competition Commissioner about the high prices of the COVID-19 test.

This intervention resulted in price a reduction of price from R850 to R500, including VAT, reflecting a 40% difference. The CMS continues to resolve complaints from members of schemes, ensure continued good governance

of medical schemes, approve or amend schemes rules and continue review and guidance to contribution increased annually.

### **Office of Health Standards Compliance**

The Office of Health Standards Compliance (OHSC) conducts inspections of health establishments to measure their performance against prescribed norms and standards. The inspections conducted by OHSC are aimed at ensuring health establishments – from major hospitals to clinics, the independent practices of doctors and other health professionals – comply with the legislated health standards.

For the first time under regulated environment, the OHSC commenced the process of implementing its certification and enforcement framework in the public healthcare clinics and community health centres (CHCs) during 2021/22 financial year. From 2022, public and private hospitals form part of the OHSC's compliance inspection schedule.

### **Statutory Health Professional Councils**

The department is also responsible to conduct governance oversight of statutory health professional councils established to mainly provide control over education, training, and registration for health professions registrable in accordance with the enabling legislation, thus ultimately protecting the public and guiding the professions.

## **Medical Bureau for Occupational Diseases & Compensation Commissioner for Occupational Diseases (CCOD)**

The CCOD finalised thirty-seven thousand claims with an approximate value of one billion rands over the last five years. About three hundred and twenty million rands was paid to eleven thousand five hundred claimants in the Eastern Cape Province during this period.

On my recent visit to Mozambique to raise awareness of the ex-mineworkers' access to social protection benefits, I met with former President Chissano who remarked that they knew about the problem of occupational lung diseases but did not know where and how to start.

Indeed, our work with the Minerals Council South Africa, the class action settlement funds, the trade unions, provincial and neighbouring country governments and the ex-mineworkers' associations are bearing fruit in redistributive justice, but we must do more in the prevention of occupational lung diseases as compensation is a last resort

Honourable Chair and Members

As I conclude, let me highlight that we are committed towards ensuring that the statutory health professional councils discharge their mandate in accordance with applicable laws, including all internal policies and procedures.

Honourable Chairperson, we are working towards building a resilient health system since this is a prerequisite for the NHI, and based on the lessons learnt from COVID-19 pandemic. We have also been preparing to integrate provision of health services and harness our human and institutional capacity to deal with non-communicable and communicable diseases, including COVID-19.

I thank you